



OFFICE USE ONLY DATE COMPLAINT OPENED: _____ DATE COMPLAINT CLOSED: _____

CITY OF YUMA, ARIZONA TITLE II ADA GRIEVANCE FORM

The City of Yuma ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination by, any program, service, or activity administered by the City, its recipients, sub-recipients, or contractors. To request an accommodation and/or an alternate format, please contact Robert Duffy, ADA/504 Coordinator, at 928-373-5125 (office).

Instructions: Please complete and sign the form and email or mail it to the City within 60 calendar days of any incident to:

Robert Duffy, ADA/504 Coordinator
Environmental and Safety Program Manager
City Hall, One City Place
Yuma, AZ 85364
Phone: 928-373-5125 (office) / 7-1-1 (relay)
Email: Robert.Duffy@YumaAZ.gov

Type of Grievance (check all that apply):

- Accommodation Request
- Program/Service
- Facility Accessibility
- Other:

CONTACT INFORMATION

1. Reporting Individual:

Full Name:

Address:

City, State, Zip code:

Phone:

Alternate Phone:

Email:

2. Authorized Representative of Reporting Individual (if any):

Full Name:

Address:

City, State, Zip code:

Phone:

Alternate Phone:

Email:

DETAILS OF COMPLAINT / INCIDENT

3. Date/Time of Incident:

4. Department/Facility/Location Involved:

5. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:

6. **Have attempts been made to resolve the complaint through a City Department? If yes, please describe the efforts made and any response(s).**

7. **Remedy Sought. What action do you request?**

Signature

Date

Attach additional pages as necessary. If you need assistance, require an accessible format, or have questions about this form, please contact the City's ADA/504 Coordinator at:

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