

**AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM FOR NON-OAG  
EMPLOYEES**

**Grievant Information**

**Grievant**

**Address**

**City**

**State**

**Zip Code**

**Home Phone**

**Business Phone**

**Person Alleging Violation of Title II (If other than grievant)**

**Name**

**Address**

**City**

**State**

**Zip Code**

**Home Phone**

**Business Phone**

**Person or Location (Office) Alleged to be in Violation**

**Name**

**Address**

**City**

**State**

**Zip Code**

**Business Phone**

**Date the violation  
occurred**

**Description of violation**

**Has this case been filed  
with DOJ or other  
government agency or  
court?**

**Section B (If you answered YES on the previous question)**

**Agency or Court**

**Contact Person**

**Address**

**City**

**State**

**Zip Code**

**Phone**

**Date Filed**

**Other Comments**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_