



ADA Grievance Form

Instructions: Please complete and sign the form and submit it within 60 days of any violation to:

**Renee Krause
ADA Coordinator and Deputy City Clerk
City of Homer
491 E. Pioneer Avenue
Homer, AK 99603
907-435-3109
rkrause@ci.homer.ak.us**

1. Type of Grievance (check all that apply):

- Accommodation Request
 Program/Service
 Facility Accessibility
 Other: _____

2. Reporting Individual:

Full Name:	
Address:	
City, State, Zip Code:	
Phone	Alternate Phone:
Email:	

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

Full Name:	
Address:	
City, State, Zip Code:	
Phone	Alternate Phone:
Email:	

DETAILS OF VIOLATION

4. Date/Time of Incident: _____

5. Department/Facility/Location Involved:
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6. Describe the violation. You may add an additional page if necessary.
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7. Have attempts been made to resolve the violation through a City Department? If yes, please describe the efforts that have been made.

8. What do you recommend as a solution?

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 of Homer ADA Coordinator at: rkrause@ci.homer.ak.us or (907) 235-3130