

**Town of St. Albans, Vermont**

**ADA GRIEVANCE FORM**

Date: \_\_\_\_\_

Complainant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Individual Discriminated Against:

\_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Alleged Violation**

Date(s) of Occurrence: \_\_\_\_\_

Description of Violation and Town Department Involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Action by Town to Correct Violation:

---

---

---

---

---

---

---

---

---

---

Complaint been Filed with a State or Federal Agency:

\_\_\_\_\_ Yes \_\_\_\_\_ No

---

Name of Agency: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Complainant Signature:

---