

Accessibility Grievance Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Please provide a complete description of your grievance:

Please specify the location of your grievance:

Please state what you think should be done to resolve the grievance:

Please attach additional pages as needed.

Signature: _____ Date: _____

Please return to: ADA Coordinator, 444 4th Street, Port Arthur, Texas 77641

Upon request, reasonable accommodation will be provided in completing this form. Contact the ADA Coordinator at 409-983-8182 or go to the location listed above.