



# ADA GRIEVANCE FORM

The Town of Leesburg prohibits discrimination against individuals with disabilities in its services, programs, accessibility and activities.

**IMPORTANT:**

- A completed form must be submitted within 60 days of incident.
- Form must be signed.
- Please submit signed and completed form to:

**ADA COORDINATOR  
TOWN MANAGER'S OFFICE  
TOWN OF LEESBURG  
25 WEST MARKET STREET  
LEESBURG, VA 20176**

**TYPE OF GRIEVANCE:**

- Service/Program       Facility Accessibility       Communication       Employment
- Other (*please explain*) \_\_\_\_\_

**CONTACT INFORMATION:**

**Reporting Individual**

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

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

By checking this box, you indicate that you do not want your email address disclosed.

**On Behalf Of (if different than Reporting Individual)**

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

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

By checking this box, you indicate that you do not want your email address disclosed.



**ADA GRIEVANCE FORM** *(continued)*

**DETAILED INFORMATION OF GRIEVANCE:**

Please specify date time and location of incident/complaint:

Date: \_\_\_\_\_ Time *(if applicable)*: \_\_\_\_\_ Specific Location: \_\_\_\_\_

Please provide a detailed description of the incident/complaint that has prompted you to file this grievance:

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If known, please list the names of other persons involved in this incident *(if any)*: \_\_\_\_\_

Please explain how you would like to see this matter resolved: \_\_\_\_\_

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**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please submit the completed and signed form to:**

ADA Coordinator, Town Manager’s Office, Town of Leesburg, 25 West Market Street, Leesburg, VA 20176

**For questions about this form, please contact:** ADA Coordinator at [ADA@leesburgva.gov](mailto:ADA@leesburgva.gov) or call 703-771-2700.

For Office Use Only:

Date Received: \_\_\_\_\_ Date of Contact with Complaint: \_\_\_\_\_ Date of Resolution and Action: \_\_\_\_\_