



City of Vestavia Hills Discrimination Grievance Form

Today's Date: _____ Incident Date: _____

Complainant Information

Name *(print)*: _____

Home Address: _____ Mailing Address: _____

Phone: _____ Email: _____

Representative Information *(if applicable)*

Name *(print)*: _____

Home Address: _____ Mailing Address: _____

Phone: _____ Email: _____

Location of Incident

Site Name *(City facility, street address, program, service, etc.)*: _____

Site Address *(if applicable)*: _____

Description of Incident *(attach additional sheets if needed)*: _____

How do you propose this incident be corrected? _____

Submission of Grievance/Comment

Submit To: City of Vestavia Hills
Attn: ADA Coordinator
1032 Montgomery Highway
Vestavia Hills, AL 35216

For Office Use Only

Date Received: _____ Reviewed By: _____