



## Americans with Disabilities Act

### Grievance Form

City Hall, 258 Main Street

Oneonta, NY 13820

Phone: 607.432.6450

Fax: 607.433.3420

E-Mail:

cityinfo@oneonta.ny.us

Internet Address:

www.oneonta.ny.us

Please complete the form below to submit a complaint to the City of Oneonta.

### ***Complainant Information:***

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

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

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

### ***Incident Information:***

Location: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_

Description of Incident (*attach a separate sheet if necessary*): \_\_\_\_\_

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

### ***Contact Information:***

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

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

*Complaints are to be delivered on the prescribed form to the Office of the City Clerk by fax, email or in person. **Complaints must be made within 60 days of the incident.** The ADA Coordinator may schedule a meeting with the complainant within 15 days of submitting a complaint. Complainants will be notified of the outcome of the investigation within 15 days of the meeting. A subsequent appeal of any decision or action taken may be submitted to the Office of the City Clerk within 15 days of the receipt of the decision. By signing this form, you are affirming that the information contained herein is true and accurate to the best of your knowledge and that you are not knowingly making a false, written statement.*

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date Signed