

**CARLISLE BOROUGH**  
**53 West South St., Carlisle, PA 17013**  
**717-249-4422**

AMERICANS WITH DISABILITIES ACT (ADA) TITLE II  
GRIEVANCE FORM

**Grievant Information**

Grievant Name: \_\_\_\_\_ Home Phone  
(include area code): \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone  
(include area code): \_\_\_\_\_

Mobile Phone  
(include area code): \_\_\_\_\_

**Alternative Contact Person (other than Grievant)**

Name: \_\_\_\_\_ Home Phone  
(include area code): \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone  
(include area code): \_\_\_\_\_

Relationship  
To Client: \_\_\_\_\_

**Borough Service, Program, Meeting or Facility Allegedly in Violation**

Date and Location of Alleged Violation (dd/mm/yyyy)

Description of Alleged Violation and Requested Remedy

Has a complaint been filed with the Department of Justice or other government agency?

Yes  No

**If You Answered "Yes" to the Previous Question, Complete the Following**

Agency or Court: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone  
(include area code): \_\_\_\_\_

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

Other Comments

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