



***CITY of LONG BEACH***  
**ADA GRIEVANCE FORM**

This form has been adopted by the City of Long Beach for use by anyone wishing to file a formal complaint against the City, or one of its Departments and/or Agencies, alleging discrimination on the basis of disability, in employment practices and policies or provision of services, activities, programs or benefits.

Kindly complete this form in its entirety, answering all questions completely and with as much detail as possible. The form should be returned to the Office of the City of Long Beach, 1 West Chester Street, Long Beach, New York 11561, Attention: ADA Compliance Officer.

I Today's date: \_\_\_\_\_

Date of the alleged offense: \_\_\_\_\_

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_  
Street

City State Zip Code County

Your Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of the Municipal Employer, Agency or Department that allegedly discriminated against you: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

II Indicate the factor(s) that you believe caused the harmful action against you: i.e. check those applicable).

- Your disability
- You have a record of having a disability
- I am regarded as having a disability
- I was retaliated against for having complained about a disability
- I am associated with a person who has a disability
- Other \_\_\_\_\_

III Reasons given for the alleged discriminatory action (check which applies).

- I was told I was not doing my current job well enough because of my disability.
- I was not/will not be hired/promoted because of my disability.
- The Municipality/Agency does not want to provide me with a reasonable accommodation.
- The Municipality/Agency would like to provide me with an accommodation but they cannot.
- My disability makes or would make me a safety risk.
- Other: \_\_\_\_\_

IV Explain in detail when the City/Agency first became aware of your disability.

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

How did the City become aware of your disability?

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

Name(s) of the person(s) who were first notified of your disability.

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How do you know that the City/Agency officials acted against you because of your disability?

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Who said/or acted against you and when/where did this occur, because of your disability?

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Were there any witnesses? If so, who? \_\_\_\_\_

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V Summarize the specific details of your reason for believing you have been discriminated against?

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