



It's real.

# The Americans with Disabilities Act (ADA) Grievance Form

Complainant: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Phone or/and Email Address: \_\_\_\_\_

Date(s) alleged ADA violation occurred: \_\_\_\_\_

Other interested parties contact information:  
\_\_\_\_\_

Describe the alleged ADA violation including City owned property and/or department where it is located:

Requested Action by city to correct alleged ADA violation:

Has Complaint been Filed with State or Federal Agency:    \_\_\_ Yes       \_\_\_ No.

Name of Agency: \_\_\_\_\_       Date Filed: \_\_\_\_\_

Contact Person: \_\_\_\_\_       Contact Information: \_\_\_\_\_

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

Return to: City of Seguin, ADA Coordinator, 205 N. River Street, Seguin, TX 786155  
Fax: (830) 401-2478 or email [ada@seguintexas.gov](mailto:ada@seguintexas.gov).

Thank you for completing this form. Your request will be addressed. Should you be unsatisfied with the response to your request you may appeal to the ADA Coordinator at 830-386-2244 within 15 business days of receiving the response. For information on the "[ADA Reasonable Accommodation](#)", please visit [www.seguintexas.gov](http://www.seguintexas.gov).