



**City of Killeen Grievance Complaint Form**  
Title II of the Americans with Disabilities Act

**Grievant Information**

FIRST NAME	LAST NAME	
PHONE (XXX-XXX-XXXX)	EMAIL ADDRESS (if available)	
MAILING ADDRESS		CITY, STATE, ZIP
PREPARER (if different from Grievant)	RELATIONSHIP TO GRIEVANT (if applicable)	

How would you like us to contact you? (Please check one) Email    Mail    Phone    Other \_\_\_\_\_

**Nature of Grievance:** *(Please attach additional pages as needed.)*

Please provide a complete description of the complaint or grievance, including the date the event occurred, and any incident, barrier, or perceived denial of benefit of any service, program, or activity:

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

Please specify any location(s) related to the complaint or grievance (if applicable):

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

Please state what you think should be done to resolve the complaint or grievance:

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

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

**Please return this form in hard copy or email it to:**

ADA Coordinator  
Attn: Savannah Brady  
802 North Second Street, Building E, 1<sup>st</sup> Floor (Office)  
P.O. Box 1329 (Mailing)  
Killeen, Texas 76541  
Phone: (254) 501-7841  
Email: ADAHelp@killeentexas.gov

Upon request, copies of this form will be provided in alternative formats.  
This form is also available as a web form on the City's website, [www.killeentexas.gov](http://www.killeentexas.gov). Please contact the ADA Coordinator for assistance.

**For Administrative Use Only**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Action: \_\_\_\_\_