

City of Opelika  
Lisa McLeod– ADA Coordinator  
204 S. 7<sup>th</sup> Street  
Opelika, AL 36801  
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**ADA Formal Written Grievance Form**

*Please print legibly.*

Reporting Individual: \_\_\_\_\_ Date of Request: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

*If person needing accommodation is not the individual completing this form, please complete below:*

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ -

Other Contact Information: \_\_\_\_\_

Program/Facility to be Inaccessible: \_\_\_\_\_

When did the situation occur (date)? \_\_\_\_\_

Describe the situation or way in which the program is not accessible, providing the name(s) where possible of the individuals who were involved in the situation, and any documentation or photographs supporting the incident:

Have efforts been made to resolve this complaint through the Request for Accommodation with the ADA Coordinator?

Yes            No

If yes, what were the results? \_\_\_\_\_

How do you suggest this issue be remedied? \_\_\_\_\_

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

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

ADA Coordinator or other city staff member: \_\_\_\_\_

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