

## City of Austin PARD – ADA Grievance Form

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

Person Preparing Complaint (if different from Complainant): \_\_\_\_\_

Relationship to Complainant (if different from Complainant): \_\_\_\_\_

Street Address & Apt. No.: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide a complete description of the specific complaint / grievance:

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Please specify any location(s) related to the complaint or grievance (address or name of facility):

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

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Please attach additional pages as needed.

Signature & Date:

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Return to: City of Austin ADA Program Administrator, 505 Barton Springs Rd. Suite 600, Austin, TX 78704  
Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternate formats. Contact the ADA Program Administrator at the address above, via telephone 512-974-3256 or email: [ada@austintexas.gov](mailto:ada@austintexas.gov) or the PARD ADA Project Coordinator by phone at 512-974-9441 email: [austinparksADA@austintexas.gov](mailto:austinparksADA@austintexas.gov)