



**GRIEVANCE PETITION AGAINST THE CITY OF BALTIMORE FOR DISCRIMINATION
UNDER THE AMERICANS WITH DISABILITIES ACT**

Name: _____

Street Address: _____ Apt.: _____

Phone: _____ Email: _____@_____._____

Preferred Communication Method: ___ Phone ___ Email

What is the best time to reach you by phone? _____

Please provide the location (address, nearest Intersection, or other location description) of the alleged violation

Please provide a description of the alleged ADA violation:

Have you previously reported this alleged ADA violation to anyone in City government? If so, please describe.

Is there any other information that you would like to provide about the alleged ADA violation?

You may attach any written materials or other information that you think is relevant to the alleged ADA violation. You must sign and date this grievance.

Signature

Date

