



CITY OF SHREVEPORT

ADA Grievance Form – Printable

ADA Coordinator

Attention: Alonzo Smith
505 Travis St. Suite 630
Shreveport, LA. 71101

ADA Grievance Form

FILE COMPLAIN BELOW

City of Shreveport

Office of City Attorney

ADA Coordinator

(Check One)

___ Title II of the Americans with Disabilities Act (Programs, Services, Activities, Facility)

___ Title IV ADA and (Employment)

___ Title VI ADA for (Paratransit and Fixed Route)

___ Section 504 of the Rehabilitation Act of 1973 (Section 504 prohibits discrimination against individuals with disabilities in any program or activity that receives Federal funds from HUD.)

Discrimination Complaint Form

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Cell Phone _____

Business: _____

Person Discriminated Against :(if other than the complainant)

Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____

Business: _____

Government, or organization, or institution which you believe has discriminated:

Name: _____

Address: _____

County: _____

City: _____

State and Zip Code: _____

Telephone Number: _____

When did the discrimination occur? Date: _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary):

List your Suggestion, Idea and/or Request to Resolve Grievance.

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes _____ No _____

If yes: what is the status of the grievance?

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes _____ No _____

If yes:

Agency or Court _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Date Filed: _____

Do you intend to file with another agency or court?

Yes _____ No _____

Agency or Court: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Additional space for answers:

Signature: _____

Date: _____

Return to:

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Use This Space for Additional descriptions of the acts of discrimination



City of Shreveport Endeavors to Meet:

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[Federal Paperwork Reduction Act](#)

<http://www.shreveportla.gov>

Last updated: May 2023