



**TOWN OF EDENTON**  
**ADA GRIEVANCE FORM**

*In the event that one has either experienced or witnessed an alleged discriminatory action or event that violates the protections created under the ADA, it is recommended that he/she/they report said event immediately. Any questions may be directed to the Town's **ADA Coordinator**.*

*Upon request, reasonable accommodations will be made for reporting a discriminatory occurrence and/or alternate, accessible forms may be provided. Please contact the Town's **ADA Coordinator** if such accommodation is necessary.*

*\* Denotes a required field*

1. Grievant Name: \* \_\_\_\_\_
2. Address: \* \_\_\_\_\_  
\_\_\_\_\_
3. Preferred Phone: \* \_\_\_\_\_
4. Email: \* \_\_\_\_\_
5. Date of Alleged Discriminatory Event: \* \_\_\_\_\_
6. Department(s), Event(s) or Individual(s) Involved: \* \_\_\_\_\_  
\_\_\_\_\_

*The following section should only be completed if the grievant and the reporting individual is not the same individual. Please skip to question six if this does not apply to you.*

1. Reporting Individual Name: \* \_\_\_\_\_
2. Reporting Individual Address: \* \_\_\_\_\_  
\_\_\_\_\_
3. Preferred Phone: \* \_\_\_\_\_
4. Reporting Individual Email: \* \_\_\_\_\_



5. Persons Affected (if not the same as reporting individual): \* \_\_\_\_\_

\_\_\_\_\_

6. Please describe the alleged occurrence with as much detail as possible. Include the location, time, individual(s) or department(s) involved, witnesses, etc... \*

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

7. If the alleged occurrence involved an event, service, program or activity planned in advance by the Town, did the grievant request that reasonable accommodations for accessibility be made? \*

No

Yes

8. If an accommodation request was filed, what was the ADA Coordinator's response? \*

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\_\_\_\_\_

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9. Is there any additional information that the ADA Coordinator should be aware of? \*

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*By signing and submitting this form I am certifying that the information provided in these responses is accurate and has been so reported to the best of my ability and knowledge.*

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

*Any questions, concerns or requests for accommodation may be directed to the **ADA Coordinator**.*

**ADA Coordinator**  
Billy Bass, Fire Chief  
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