



**CITY OF PROVIDENCE  
GRIEVANCE PROCEDURE**

**UNDER THE AMERICANS WITH DISABILITIES ACT**

**Complaint Form**

This Form may be used by any individual to file a complaint alleging discrimination on the basis of disability in meetings, services, programs or activities of the City of Providence under Title II of the ADA. Alternate means of filing a complaint, such as personal interviews or tape recordings, are available upon request for people with disabilities. All complaints will be kept on file for a minimum of 3 years.

Filing Date: \_\_\_\_\_ Date of Alleged Incident: \_\_\_\_\_

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

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

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

The alleged act of discrimination involves which City department, meeting, agency or program?  
\_\_\_\_\_

Describe the alleged act of discrimination (additional paper may be attached):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This Complaint Form (or alternate reporting method) should be submitted by the complainant or his/her designee as soon as possible, but no later than 120 days after the alleged violation, to:

**Tolulope Kevin Olasanoye  
Assistant City Solicitor/ADA Coordinator  
City of Providence  
City Solicitor's Office  
444 Westminister Street, Suite 220  
Providence, RI 02903**

**CITY SOLICITOR'S OFFICE**

444 Westminister Street, Suite 220, Providence, Rhode Island 02903

401 680 5333 ph | 401 680 5520 fax

**[www.providenceri.com](http://www.providenceri.com)**