



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 Boston 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 Westminster Street, Suite 220
Providence, RI 02903

CITY SOLICITOR'S OFFICE

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

401 680 5333 ph | 401 680 5520 fax

www.providenceri.com