

## The City of Novi Grievance Form Americans with Disabilities Act (ADA)

The City of Novi is required by the American Disability Act (ADA) to ensure its facilities, programs, and services are accessible to the community. Therefore, individuals with disabilities needing accommodations for effective participation in a program or event should contact Elise Marra at (248) 347-0519 at least two working days in advance of the program.

This form is for individuals who have a grievance related to disability discrimination in the City of Novi's provision of services. Any grievance claims must be filed with the City Clerk's office no more than 60 days from the date of the alleged discriminatory incident. Contact the Clerks office for assistance with filing or submission of this form or to have the grievance transcribed for you.

**Please submit to**: City of Novi

City Clerk's Office 45175 Ten Mile Road Novi, Michigan 48375 Tel: (248)347-0402

Email: emarra@cityofnovi.org

Date of Request	_ Date of Incident		
Name			
Address			
(Street)	(City)	(State)	(Zip)
Telephone	Cell p	Cell phone	
Email	_ Signa:	ture	
Preferred Method of Contact:	oig.na		

<u>Please do NOT use this form for any general complaints about City facilities, programs, or services.</u>

•			
Please specify the reason you are requesting accommodation (check all that apply):			
[] to allow me to participate in a program or activity offered by the City of Novi. Please specify the program or activity:			
] to ask for an exception to a rule, policy, or procedure. Please specify the rule, polic or procedure:			
[] Other reasons, please specify (for example, the way the library communicates with you):			
Allegation of ADA Noncompliance (Please print clearly)			
Date of alleged violation occurred:			
Location where the alleged violation occurred:			
Names, if known, of any individuals at the City of Novi involved in the problem you			

## **Description of Incident**

encountered:

**Accommodation request** 

Describe in detail the alleged disability discrimination incident for which you are filling this form. Please include information relating to the incident, including dates, service/program involved, and any city personnel involved. (Please attach additional pages as needed)

<u>ty</u>
_