



The Americans with Disabilities Act (ADA) Grievance Form

Complainant: _____

Address: _____

City, State, and Zip Code: _____

Phone or/and Email Address: _____

Date(s) alleged ADA violation occurred: _____

Other interested parties contact information:

Describe the alleged ADA violation including City owned property and/or department where it is located:

Requested Action by city to correct alleged ADA violation:

Has Complaint been Filed with State or Federal Agency: ___ Yes ___ No.

Name of Agency: _____ Date Filed: _____

Contact Person: _____ Contact Information: _____

Signature: _____ Date: _____

Return to: City of San Marcos, ADA Coordinator, 630 E Hopkins, San Marcos, TX 78666, Fax: (512)393-8074 or email ADAcoordinator@sanmarcostx.gov.

Thank you for completing this form. Your request will be addressed. Should you be unsatisfied with the response to your request you may appeal to the ADA Coordinator at 512-393-8000 within 15 business days of receiving the response. For information on the "[ADA Reasonable Accommodation](#)", please visit www.sanmarcostx.gov.