

**City of Santa Fe  
ADA Grievance/Complaint Form**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Check Applicable:**

I am filing as a witness, my name is: \_\_\_\_\_

I am filing on behalf of another person, my name is: \_\_\_\_\_

Address of person filing grievance, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you have a preferred way to be contacted? (Phone, e-mail, mail, etc.):

\_\_\_\_\_

Date the discrimination occurred: \_\_\_\_\_

Who committed the alleged discrimination? \_\_\_\_\_

Please specify the location of the discrimination, if applicable: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide a detailed description of the complaint/grievance. Please use another sheet, if needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you think should be done to resolve to this grievance?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you attempted to solve this grievance by other means? If so, please describe:

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Has a grievance been filed with any other federal, state, or local agency regarding this discrimination?

yes  No  I prefer to not answer  I don't know

If yes, who has been contacted: \_\_\_\_\_

Date the complaint was filed: \_\_\_\_\_

Name of contact person working on the complaint: \_\_\_\_\_

Phone number of contact person \_\_\_\_\_ Case # \_\_\_\_\_

This information is solely for follow-up purposes and will not affect the investigation of your grievance with the City of Santa Fe.

I certify that the above information is true to the best of my knowledge, and I am requesting an internal investigation by the City of Santa Fe ADA Coordinator.

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

**Upon request alternative format accommodations will be made. Please include a request for accommodations when you submit this form, or contact the ADA Coordinator for more information.**

Please scan, fax, or mail this form to:

Thomas M. Graham  
ADA Coordinator  
P.O. Box 909  
Santa Fe, New Mexico 87504-0909  
Telephone: (505) 955-6654  
Fax: (505) 955-2020  
E-Mail: tmgraham@santafenm.gov

Date Received: \_\_\_\_\_

Form updated on 07-11-2019