



VILLAGE OF SHEFFIELD, OHIO
Americans With Disabilities Act (ADA)
WRITTEN GRIEVANCE FORM

This form may be used by any person who believes he or she has been the subject of disability-related discrimination by the Village of Sheffield, Ohio. Alternative methods of submitting a grievance are available, please contact Ken Kaczay, ADA Coordinator, 4480 Colorado Avenue Sheffield Village OH 44054 kenk@sheffieldvillage.com (O) 440.949.6209 (F) 440.949.5371.

Person filing grievance:

Name: _____

Address: _____

Telephone: _____

Date and location of alleged disability-related discrimination: _____

Please provide a detailed description of the alleged disability-related discrimination: _____

(Please use back of form if additional space is needed)

Please provide the names and/or positions of any personnel involved: _____

Please state what you think should be done to resolve the grievance: _____

Signature of person filing grievance

Date



Send completed form to:
Village of Sheffield ADA Coordinator Ken Kaczay
4480 Colorado Avenue Sheffield Village OH 44054
O 440.949.6209 F 440.949.5371
kenk@sheffieldvillage.com www.sheffieldvillage.com