



ADA and Section 504 Grievance Form

Instructions: Please complete and sign this form and submit within 60 calendar days of the incident to:

**Melanie Beaman – ADA Coordinator or
Meredith Riede – Civil Rights Officer**

Physical Address:

2700 Town Center Blvd. N
Sugar Land, TX 77479

Mailing Address:

P.O. Box 110
Sugar Land, TX 77487

Email:

mbeaman@sugarlandtx.gov
mriede@sugarlandtx.gov

Contact Information

Name:

Address:

City, State, Zip Code:

Phone:

Email:

1. Type of grievance (select all that apply):

Accommodation request

Program or service

Facility accessibility

Other (briefly describe): _____

2. Complaint/Incident Description

Date and time of incident: _____

Facility/Location Involved: _____

3. Describe the complaint/incident with as much detail as possible. Add additional pages as necessary.

4. Has there been any attempt to resolve the matter through a City department? If yes, please describe the effort.

5. What solution are you seeking?

Signature: _____

Date: _____

If you need assistance filling out this form, require an accessible format, or have any questions, please contact Melanie Beaman – ADA Coordinator (email: mbeaman@sugarlandtx.gov) or Meredith Riede – Civil Rights Officer (email: mriede@sugarlandtx.gov) at 281-275-2900 or TTY: 7-1-1.