



CITY OF PROVIDENCE

GRIEVANCE PROCEDURE UNDER THE AMERICANS WITH DISABILITIES ACT

Complaint Form

This form may be used by any individual to file a complaint alleging discrimination on the basis of disability in meetings, services, programs or activities of the City of Providence under Title II of the ADA. Alternate means of filing a complaint, such as personal interviews or tape recordings, are available upon request for people with disabilities. All complaints will be kept on file for a minimum of 3 years.

Filing Date:_____ **Date of Alleged Incident:**_____

Complainant Name:_____

Home Address: _____

Phone # :_____ **Email:**_____

The alleged act of discrimination involves which City department, meeting, agency or program?

Describe the alleged act of discrimination (additional paper may be attached):

This Complaint Form (or alternate reporting method) should be submitted by the complainant or their designee as soon as possible, but no later than **120 days** after the alleged violation, to:

Leonela Felix, Ethics Education and ADA Title II Coordinator
City of Providence, Solicitor's Office
444 Westminster Street, Suite 220
Providence, RI 02903
401-680-5333 (voice) or 711 (TTY)
www.providenceri.gov/ada
Email: ada@providenceri.gov

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