



## **GRIEVANCE PROCEDURE FORM UNDER THE AMERICANS WITH DISABILITIES ACT**

The City of Providence is committed to its policy of inclusion in the City's services, programs and activities and to complying with the Americans With Disabilities Act ("ADA"), and related laws. 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.

If you need assistance in completing this form, need the form in an alternative format (such as a larger font), or need to submit the grievance in an alternative format (such as a personal interview), please contact the City's ADA Coordinator whose information is located at the end of this form. All complaints will be kept on file for a minimum of 3 years.

Filing Date:

Date of Alleged Incident:

Complainant Name:

Phone Number:

Home Address:

Email:

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

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

This Complaint Form (or alternate reporting method) should be submitted by the complainant or their designee as soon as possible, but no later than **60 days** after the alleged violation, to:

Leonela Felix, Esq.  
Ethics Education & ADA Coordinator  
444 Westminster Street, Suite 220  
Providence, RI 02903  
E-mail: [lfelix@providenceri.gov](mailto:lfelix@providenceri.gov)  
Telephone (voice): 401-680-5333  
TTY/TDD Relay: 711