



# Americans with Disabilities Act (ADA) Grievance Form

This form may be used to submit a complaint alleging non-compliance by the Town of Cary with the provisions of the Americans with Disabilities Act. Please see [Standard Procedure 13, Americans with Disabilities Act Grievance Procedure](#), for additional information.

## Contact Information

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

## Provide a description of the alleged discrimination, including the name of the specific person(s), program(s), and/or facility(ies) involved.

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

Location: \_\_\_\_\_

Description: \_\_\_\_\_

Requested Resolution: \_\_\_\_\_

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

Once complete, please scan and email the complaint to [311@carync.gov](mailto:311@carync.gov) or call 311 (or (919) 469-4000 outside of Cary Town limits) if alternative means of filing are necessary.