**TOWN OF BATH**

**Sidewalk Accessibility Grievance Form**

**Under the American Disabilities Act**

Complainant Information: Date Received:

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location(s) and Date(s) of the circumstances giving rise to your complaint.

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Are the circumstances of your complaint continuing? \_\_\_ Yes \_\_\_ No

Please describe the incident (You may attach additional pages if necessary).

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Have you filed this complaint verbally or in writing with any other individuals or agencies? If yes, please indicate with whom it was filed and what the status is.

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Signature

Please sign the Sidewalk Accessibility Grievance Form with your name. By signing this document, you are verifying that the content you are submitting is correct.