



CITY OF SAND SPRINGS

100 E. Broadway St. • P.O. Box 338 • Sand Springs, Oklahoma 74063
Phone: 918.246.2500 • sandspringsok.org

Americans with Disabilities Act (ADA)

Grievance Form

Purpose: Use this form to file a grievance if you find that the City of Sand Springs has not provided adequate accommodations for disability.

Instructions: Please complete this form and submit to the contact mentioned below.

Name of Grievant: _____

Person Preparing Grievance (if different from Grievant): _____

Address of Grievant: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Provide the date(s) the incident occurred: _____

Please provide a complete description of the specific complaint or grievance:

Please specify any location(s) related to the complaint of grievance (if applicable):

Please state your suggested outcome for resolution of your grievance:

Please attach Photos related to the complaint of grievance (if applicable).

Signature of Grievant: _____ Date: _____

Grievances in writing to the ADA Compliance Coordinator:

Brad Bates

btbates@sandspringsok.org

100 E. Broadway St.

Sand Springs, OK 74063