



Title VI Grievance Form

Grievant Information

Please print all information except signature.

Today's Date: _____

Name of Grievant: _____

Address: _____

Street _____ PO Box _____

City _____ State _____ Zip _____

Telephone Numbers: _____

Home _____ Cell _____

Grievance Information:

Agency alleged to have denied access: _____

Date of alleged denied access: _____

Disability Statement:

My disability is: _____

This problem is: _____ Temporary _____ Permanent

Accommodation Information: I am seeking access to the following City of Florence program or activity in which I have not been able to participate because I need an accommodation:

Proposed Access or Accommodation Sought:

Incident or Barrier Description: Please describe the particular way in which you believe you have been denied the benefits of any service, program, or activity or have otherwise been subjected to discrimination. Please specify dates, times, and places of incidents, and names and/or positions of City employees involved, if any, as well as names, addresses, and telephone numbers of any eyewitnesses to any such incident. Attach additional pages if necessary. Include a description of the way in which you feel access may be had to the benefits described above, or the way in which accommodation should be provided to allow access.

Grievant Signature: _____

Fax this form to 843-676-8806 or mail the form to:

Scotty Davis, ADA Coordinator/EEC Officer
City of Florence
Human Resources
324 West Evans Street
Florence, SC 29501