



## The Americans with Disabilities Act (ADA) Grievance Form

Complainant: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Phone or/and Email Address: \_\_\_\_\_

Date(s) alleged ADA violation occurred: \_\_\_\_\_

Other interested parties contact information:

\_\_\_\_\_

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Describe the alleged ADA violation including City owned property and/or department where it is located:

Requested Action by city to correct alleged ADA violation:

Has Complaint been Filed with State or Federal Agency: \_\_\_Yes \_\_\_No.

Name of Agency: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Information: \_\_\_\_\_

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

Return to: City of Buda, ADA Coordinator, 405 E. Loop Street, Building 100  
Buda, TX 78610, Fax: (512) 523-8896 or email [BudaHR@budatx.gov](mailto:BudaHR@budatx.gov).

Thank you for completing this form. Your request will be addressed. Should you be unsatisfied with the response to your request you may appeal to the ADA Director at (512) 523-1043 within 15 business days of receiving the response. For information on the "[ADA Reasonable Accommodation](#)", please visit [www.budatx.gov](http://www.budatx.gov).