



**TOWN OF BURGAW**  
**ADA Grievance Form**

Any person alleging an action prohibited by federal regulations contained in Title II of the Americans with Disabilities Act of 1990 (ADA) or Section 504 of the Rehabilitation Act of 1973 may file a written complaint with the Town of Burgaw ADA Program within 60 days after the alleged action occurred.

Last Name:		First Name:		<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Mailing Address:		City:	State:	Zip:
Home Telephone:	Work Telephone:	Email:		

Date and place of alleged action(s). Please include earliest action date and most recent action date:

Name of individuals responsible for the action(s):  
(if you do not know the names(s) or there was not specific person involved you may leave this blank)

Describe the alleged prohibited action. Explain as clearly as possible what happened and why you believe this is a prohibited action (attach additional page(s), if necessary)

Retaliation against a complainant or individual assisting a complainant under this grievance procedure is prohibited. If you feel you have been retaliated against, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation:

Names of persons (witnesses or others) whom we may contact for additional information to support or clarify your complaint: (attach additional page(s), if necessary)

- | Name | Address | Telephone |
|------|---------|-----------|
| 1.   | _____   | _____     |
| 2.   | _____   | _____     |
| 3.   | _____   | _____     |

DISCRIMINATION COMPLAINT FORM

Have you discussed the complaint with any Town of Burgaw representatives? If yes, please provide the name, position, and date of discussion:

Please provide any additional information that you believe would assist with an investigation:

Briefly explain what remedy you are seeking for the alleged action:

WE CAN NOT ACCEPT AND UNSIGED COMPLAIN, PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.

\_\_\_\_\_  
COMPLAINANT'S SIGNATURE

\_\_\_\_\_  
DATE

**Mail or email complaint form to:**

Town of Burgaw  
ADA Coordinator, Kimberly Rivenbark  
109 N Walker St  
Burgaw, NC 28425  
[krivenbark@burgawnc.gov](mailto:krivenbark@burgawnc.gov)

FOR OFFICE USE ONLY

Date complain received: \_\_\_\_\_

Processed by: \_\_\_\_\_

Other action: \_\_\_\_\_