Engineering Department
engineering.dept@troyohio.gov

ADA Complaint Form

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in employment, practices and policies or the provision of services, activities, programs, or benefits by the City of Troy.

Complainant Full Name:

Address:

Phone: Email:

Preferred Communication Method (Phone, Email, Postal Mail):

Please describe your complaint of discrimination based upon disability:

Place where incident occurred:

Person listed in complaint (include description, name, and/or job title):

Evidence and documentation (if available):

Requested modification or improvement:

Please return this form to engineering.dept@troyohio.gov or to 100 S. Market Street, Troy, Ohio 45373.