



# AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE FORM

*Please use black or blue ink and return completed form to: Luke Olson, ADA Coordinator,  
18 East 22<sup>nd</sup> Street, Kearney, NE 68848-1180 (308) 233-3671*

Date: \_\_\_\_\_ Name of Grievant: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Describe the acts of alleged discrimination or way in which the program or facility is not accessible, providing the name(s) where possible of the individual(s) who allegedly discriminated.

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What was the request for accommodations or programs, and what was the response?

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I certify that the above statement is accurate and filled out to the best of my ability and knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date