



CITY OF
WIMBERLEY

City of Wimberley

ADA Grievance Form

TITLE II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973

Instructions: Please fill out this form completely. Sign and send it to the address at the bottom of the page. Incomplete forms will not be processed.

Name: _____

Address: _____

City of Wimberley: ☐ Y ☐ No State: Texas Zip: _____

Phone: (____) _____ hm/cell E-mail: _____

Location of Grievance:

Address: _____ Street: _____ Time/Date: _____

Please provide a complete description of your grievance:

Please attach additional pages as needed.

Signature: _____ Date: _____

Please return to:

ADA Coordinator

City of Wimberley

221 Stillwater

Wimberley, Texas 78676