



# CITY OF AZTEC GRIEVANCE FORM

201 W. CHACO ST., AZTEC, NM 87410

Check One:  Accommodation  Barrier Removal

## A. CONTACT INFORMATION

Name:

\_\_\_\_\_  
Last MI First

Address:

\_\_\_\_\_  
City State Zip Code

Phone:

\_\_\_\_\_

E-Mail (optional):

\_\_\_\_\_

Preferred Method(s) of Communication (Check all that apply):

Voice Phone  In Person  E-Mail  U.S. Mail  Other \_\_\_\_\_

## B. DESCRIBE YOUR COMPLAINT OF DISCRIMINATION BASED ON DISABILITY

Be specific and give date(s), time(s), and location(s). Use the reverse side of this page or attach pages if necessary.

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## C. PERSONS NAMED IN YOUR COMPLAINT

List the name(s) of (or describe) all persons involved in your complaint.

Indicate the job title and City Department, if possible.

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\_\_\_\_\_  
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**D. WITNESS TO YOUR COMPLAINT**

List the name(s) of all persons who witnessed your incident/complaint. Provide contact information.

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**E. EVIDENCE AND DOCUMENTATION**

List and provide any physical evidence, written or recorded documents, or any other information that directly supports your specific claim of discrimination.

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**F. CASE REMEDY and/or RESOLUTION**

What remedies or resolutions are you seeking?

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**CERTIFICATION:** I certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring equipment, services, or work adjustments described above.

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

If person needing accommodation is not the individual completing this form, please provide Representative's contact information:

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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NOTE: For more information or assistance in completing this form, please contact:

Public Works Director (505) 334-7661 OR General Services Director (505) 334-7664