

# Danville, Virginia

[www.danvilleva.gov/ada](http://www.danvilleva.gov/ada)

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## ADA Grievance Form

**Instructions: Please fill out the form completely, sign the form, and submit within 60 days of any incident to:**

**By Mail:**

ADA Coordinator  
City of Danville, VA  
Office of the City  
Manager P.O. Box 3300  
Danville, Virginia 24543

**By Email:**

[ada@danvilleva.gov](mailto:ada@danvilleva.gov)

**Type of Grievance (select any that apply):**

Accommodation Request

Program/Service Facility

Accessibility

Other:

**Department/Program:**

### CONTACT INFORMATION

**Reporting Individual**

**On Behalf of:**

(if different than Reporting Individual)

Full Name:	Full Name:
Address:	Address:
City, State, and Zip Code:	City, State, and Zip Code:
Phone(s):	Phone(s):
E-mail:	E-mail:

## COMPLAINT/INCIDENT DETAILS

**Date of Complaint/Incident:**

**Describe the complaint/incident:**

**Have efforts been made to resolve this complaint through the Department in which the alleged discrimination took place? If yes, please describe the efforts that have been made:**

**Remedy Sought:**

If you need more space for any questions, please attach additional pages as necessary. For questions about this form, please contact ADA Coordinator, Amanda Paez, at [ada@danvilleva.gov](mailto:ada@danvilleva.gov) or call 434-799-5009.