



OFFICE USE ONLY  
DATE COMPLAINT OPENED: \_\_\_\_\_  
DATE COMPLAINT CLOSED: \_\_\_\_\_

## CITY OF PARIS, KENTUCKY TITLE I & TITLE II ADA GRIEVANCE FORM

The City of Paris ensures that no person or groups of persons shall, discriminate against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment or be otherwise subjected to discrimination under all programs, services, or activities including all employment practices. To request an accommodation and/or an alternate format, please contact, ADA/504 Coordinator, at 859-987-2110

**Instructions: Please complete and sign the form and email or mail it to the city within the prescribed reporting times outlined in Title I and Title II procedures:**

### ADA/504 Coordinator

Physical address:

Jamie Miller - ADA/504 Coordinator  
525 High St  
Paris, KY 40361  
Office: 859-987-2110  
[jmiller@paris.ky.gov](mailto:jmiller@paris.ky.gov)

### 1. Type of Grievance (check all that apply):

- Accommodation Request  
 Program/Service  
 Facility Accessibility  
 Employment: \_\_\_\_\_

### CONTACT INFORMATION

### 2. Reporting Individual:

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

**3. Authorized Representative of Reporting Individual (if any):**

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

**DETAILS OF COMPLAINT / INCIDENT**

**4. Date/Time of Incident:** \_\_\_\_\_

**5. Department/Facility/Location Involved:**

**6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:**

**7. Have attempts been made to resolve the complaint through a City Department? If yes, please describe the efforts that have been made.**

**8. Remedy Sought. What action do you want taken?**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attach additional pages as necessary. If you need assistance, require an accessible format, or have questions about this form, please contact the City's ADA/504 Coordinator at:

*Physical address:*

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