



Americans with Disabilities Act Grievance Form

Date _____

Name of individual requesting reconsideration of a denial of an accommodation:

Address _____

City _____ State _____

Zip Code _____

Email _____ Phone Number _____

Complete the following section only if this grievance form is being submitted by a person other than the individual alleging the denial of an accommodation:

Grievance submitted on behalf of above-named individual by:

Name _____

Title (if applicable) _____

Firm (if applicable) _____

Address _____

City _____ State _____

Zip Code _____ Email _____

Phone Number _____

1. OAH Case number: _____

2. Accommodation requested:

3. Basis for filing a grievance. (If necessary, use additional paper to complete your statement. You may submit additional written material or documents relevant to your request.)

4. State the desired remedy or the solution requested.

The grievance must be submitted by the requestor and/or his/her designee as soon as possible, but no later than 45 calendar days after the alleged denial of accommodation occurred. The grievance form can be mailed, email or hand-delivered to:

The Office of Administrative Hearings
ADA Title II Coordinator
11101 Gilroy Road
Hunt Vally MD, 21031
Email: OAH.ADAgrievance@maryland.gov

