

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

## CITY OF HARKER HEIGHTS, TEXAS TITLE II ADA GRIEVANCE FORM

*The City of Harker Heights ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered, its recipients, sub-recipients, and contractors. To request an accommodation and/or an alternate format, please contact Michael Beard, ADA/504 Coordinator, at 254-953-5600.*

**Instructions: Please complete and sign the form and email or mail it to the City within 60 calendar days of any incident to:**

**ADA/504 Coordinator – Michael Beard**

*Physical address:*

Michael Beard, ADA/504 Coordinator  
Building Official  
305 Millers Crossing  
Harker Heights, TX 76548

Phone: 254-953-5600  
Relay: 7-1-1  
Email: mbeard@harkerheights.gov

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

Reasonable Modification Request

Program/Service/Activity

Facility Accessibility

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CONTACT INFORMATION

#### 2. Reporting Individual:

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

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

Full Name:
Address:
City, State, Zip code:
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:*

Michael Beard, ADA/504 Coordinator  
Building Official  
305 Millers Crossing  
Harker Heights, TX 76548

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