The City of Novi
Grievance Form
Americans with Disabilities Act (ADA)

The City of Novi is required by the American Disability Act (ADA) to ensure its facilities, programs, and services are accessible to the community. Therefore, individuals with disabilities needing accommodations for effective participation in a program or event should contact Elise Marra at (248) 347-0519 at least two working days in advance of the program.

This form is for individuals who have a grievance related to disability discrimination in the City of Novi's provision of services. Any grievance claims must be filed with the City Clerk's office no more than 60 days from the date of the alleged discriminatory incident. Contact the Clerks office for assistance with filing or submission of this form or to have the grievance transcribed for you.

Please submit to: City of Novi
City Clerk's Office
45175 Ten Mile Road
Novi, Michigan 48375
Tel: (248)347-0402
Email: emarra@cityofnovi.org

Date of Request_____ Date of Incident_____

Name_____

Address_____
(Street) (City) (State) (Zip)

Telephone_____ Cell phone_____

Email_____ _____
Signature

Preferred Method of Contact: _____

Please do NOT use this form for any general complaints about City facilities, programs, or services.

Accommodation request

Please specify the reason you are requesting accommodation (check all that apply):

☐ to allow me to participate in a program or activity offered by the City of Novi. Please specify the program or activity:

☐ to ask for an exception to a rule, policy, or procedure. Please specify the rule, policy, or procedure:

☐ Other reasons, please specify (for example, the way the library communicates with you):

Allegation of ADA Noncompliance (*Please print clearly)*

Date of alleged violation occurred: _____

Location where the alleged violation occurred:

_____

Names, if known, of any individuals at the City of Novi involved in the problem you encountered:

Description of Incident

Describe in detail the alleged disability discrimination incident for which you are filling this form. Please include information relating to the incident, including dates, service/program involved, and any city personnel involved. (Please attach additional pages as needed)

What change would you wish to see that would be helpful in solving this problem?

Should you be unsatisfied with the response to your request, you may appeal to the City of Novi no later than 60 days after receipt and a copy of the written decision.