

Reasonable Accommodation Request Grievance Form

Contact Information

Name

Address

City, State Zip

Phone

Alternate Phone Number

Email Address

Reason for Grievance

Narrative

Please describe in 500 words or less the circumstances involving the grievance.

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

A review of the initial decision shall be conducted within ten (10) working days after the grievance is filed. The Executive Director will review the complainant's initial request for training, the initial decision rendered by Serve DC, the complainant's grievance form and, if requested, the informal confidential presentation by the complainant. After full consideration of the grievance, the Executive Director will issue a written decision explaining the reasoning behind its decision. A copy of this decision will be forwarded to the complainant.

Thank you for completing this application form.