CEDAR HILL
WHERE OPPORTUNITIES GROW NATURALLY

AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE FORM
Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973

Name: Date:

Address:
(of person filing the grievance)

Phone: Email:

Location of the grievance:

Facility name:
(if applicable)

Address:

Description of grievance:

Return this form via:

Fax: 972-291-7250 or
Email: ADACoordinator@cedarhilltx.com or
Mail: 285 Uptown Blvd., Cedar Hill, TX 75104

Signature:_____