



AMERICANS WITH DISABILITIES ACT (ADA)
WRITTEN GRIEVANCE FORM

This form may be used by any person who believes that he or she has been the subject of disability-related discrimination by the Public Utilities Commission of Ohio or Ohio Power Siting Board. Alternative methods of submitting a grievance are available, please contact the ADA Coordinator.

Person filing grievance:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date and location of alleged disability-related discrimination: \_\_\_\_\_

Please provide a detailed description of the alleged disability-related discrimination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please use back of form if additional space is needed)

Please provide the names and/or positions of any staff involved: \_\_\_\_\_

\_\_\_\_\_

Please state what you think should be done to resolve the grievance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person filing grievance

Date

*Send completed form to:*

**Thomas Flynn**  
**ADA Coordinator for the**  
**Public Utilities Commission of Ohio**  
**180 East Broad Street, 4<sup>th</sup> Floor**  
**Columbus, Ohio 43215-3431**  
**Phone: 614-387-1003**  
**Tom.Flynn@puco.ohio.gov**