



CITY OF ARTESIA
ADA Grievance Form

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Location of Problem: _____

Date of Notice: _____

Description of Problem: _____

Please attach additional pages if needed.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible, but no later than 30 calendar days after the alleged violation to:

Don Plotner
ADA Coordinator
PO Box 1310
Artesia, NM 88211-1310