



City of Killeen, Texas Grievance Complaint Form
Title II of the Americans with Disabilities Act

Name of Grievant _____

Person Preparing Complaint (if different from Grievant): Relationship of Preparer to Grievant (if applicable)

Address of Grievant: _____

City: _____ State: _____ Zip: _____

Phone Number of Grievant: _____ Email: _____

Nature of Grievance:

Please provide a complete description of the specific complaint or grievance, including any incident, barrier, or perceived denial of benefit of any service, program, or activity:

Please specify any location(s) related to the complaint or grievance (if applicable):

Please state what you think should be done to resolve the complaint or grievance:

Please attach additional pages as needed.

Signature _____ Date: _____

Please return this form in hard copy or email it to:

Leslie Hinkle
Title II ADA
802 North Second Street,
Building E
P.O. Box 1329 – Killeen, Texas
254-501-7847



Upon request, copies of this form will be provided in alternative formats. Please contact the Office of Accessibility.

- 802 North Second Street, Building E, 1st floor Killeen, Texas 76541
- 254-501-7847 or lhinkle@killeentexas.gov