



City of Mount Vernon Continuum of Care (“CoC”) Program

GRIEVANCE FORM

If you would like to grieve the denial of your reasonable accommodation request or if you believe that you have experienced discrimination due to your disability, you can submit a written grievance request. The use of this form is preferred, but not required. If another written format is used, please make sure all the information requested below is included. Please write legibly, sign the form, and submit to:

Planning Commissioner
Department of Planning & Community Development
City Hall – 1 Roosevelt Square
Mount Vernon, NY 10550

Name
Phone #
E-mail Address
Street Address
City, State, Zip

This grievance is being filed due to (please check one):

- Denial of a reasonable accommodation request - Please complete Section A below
Disability related discrimination incident – Please complete Section B below

Section A – Denial of Reasonable Accommodation Request

If you have been denied a request, please attach a copy of your denial letter if available.

What was the request accommodation?

Why was the accommodation denied?

Do you have any additional documentation for CoC staff to consider? Yes No

If Yes, attach a copy of the documentation

Section B – Disability Related Discrimination Incident

Denial of reasonable accommodation request does not in and of itself constitute discrimination.

Date(s) that the alleged discrimination occurred:

Name(s) of personnel involved:

Describe the incident; include location(s), names of witnesses and any other information that is important to the case. Please write legibly and if you need more space, attach an additional Page.

Please sign this form and submit it to the Planning Commissioner (address at top of form).

Signature Date