

City of Butler
Section 504 Complaint/Grievance Form



Complainant: _____

Address: _____

Telephone: _____ Email: _____

1. Please describe how you were discriminated against.

2. Who do you believe discriminated against you?

3. Where did the alleged act of discrimination occur?

4. Is there any solution or solutions you believe may remedy the problem?

Signature: _____

Date: _____

Return form to:

Kerry Dowdy, Section 504 Officer
City of Butler, 140 West North Street, Butler, PA 16001
Email: kerrydowdy@cityofbutler.org

724-285-4124 x 201
724-285-6880 Fax