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