



## CITY OF TITUSVILLE

### SECTION 504 GRIEVANCE FORM

FOR DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) FUNDED PROGRAMS

Please type or print this form and complete in its entirety.

Today's Date	
Grievant First and Last Name	
Mailing Address City, State Zip	
Best Contact Number	

Summarize in your own words the incident that prompted this grievance. Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment if necessary.

When did the incident occur?

Are others affected by the possible violation? If so, please list their names and positions.

Indicate the suggested solution to the problem.

Describe any correction action you would like to see taken with regard to the possible violation. You can also include other information relevant to the grievance.

Signature of Grievant (First and Last Name)

Date

Signature of Section 504 Officer (First and Last Name)

Date



For more information regarding Section 504 or CDBG programs, please contact the City Manager's Office, 107 North Franklin Street, Titusville, PA 16354-1734. [adminservices@cityoftitusvillepa.gov](mailto:adminservices@cityoftitusvillepa.gov); Phone: (814) 827-5300 x303, Fax (814) 827-4359.