

# OKLAHOMA STATE FAIR, INC.

## Americans with Disabilities Act

### Title II Grievance Form

TO: Bill Allen, Bert Benear, Gina Burchfiel, James  
Johnson, David Vorwald, Chris Tucker or Melinda Parsons  
Oklahoma State Fair, Inc.  
ADA Coordinators

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

(First & Last Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Day/Evening Phone Numbers)

\_\_\_\_\_  
(Email Address)

SUBJECT: Grievance under Title II of the American with Disabilities Act

1. On or about what date did the subject of the grievance occur?
2. Where did the act or event causing this grievance occur?
3. Statement of grievance, you may attach additional pages, if necessary.
4. Name(s) and department(s) of any Oklahoma State Fair, Inc., employee(s) against whom you are complaining.

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5. List the name(s), address(es) and phone number(s) of any persons who were witness to the act or event of which you are complaining.
  
  
  
  
  
  
  
  
  
  
6. State the nature of your disability and the reasonable accommodation you believe should be provided to you to resolve this grievance.

I hereby certify that the above is a true and correct statement of my grievance under Title II of the American with Disabilities Act.

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(Grievant's Signature & Date)

If a person other than the above grievant completed this form, provide the name, address and phone number of the person completing the form:

Return this form to:  
Oklahoma State Fair, Inc.  
ADA Coordinators  
3001 General Pershing Blvd.  
Oklahoma City, OK 73107

For Oklahoma State Fair, Inc., use only.  
Date received by OSF ADA Coordinators \_\_\_\_\_