

**Oklahoma State Fair, Inc.  
State Fair Park  
Grievance Form for Americans with Disabilities Act Title II**

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

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

FROM: \_\_\_\_\_  
(Printed Name)

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

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

Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_  
(Print Phone Numbers and Fax Numbers)

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

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

1. Date of Occurrence: (On or about what date did the subject of the grievance occur?)
  
2. Location: (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.
  
5. List the name, address and phone number 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.*

\_\_\_\_\_  
(Grievant's Signature)

\_\_\_\_\_  
(Date)

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

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

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