

**ARIZONA DEPARTMENT OF
ECONOMIC SECURITY
Office of Equal Opportunity
TITLE II GRIEVANCE FORM**

GRIEVANT INFORMATION

Grievant/Customer Name:

Date Form Submitted: _____

Grievant/Customer Address:

City, ZIP Code:

Program/Activity Requested For:

Requested Accommodation/Modification:

See page 3 for EOE/ADA disclosures

DETAILS OF GRIEVANCE

PROPOSED SOLUTION

SIGNATURES

Grievant Signature: _____

Date: _____

Received By: _____

Date: _____

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