



AMERICANS WITH DISABILITIES ACT (ADA) §504 OF THE REHABILITATION ACT OF 1973 GRIEVANCE FORM

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on last page by email, mail, or in person. If you need an accommodation to complete or submit this form, please contact the ADA/Section 504 Coordinator as indicated on this form.

1) Complainant name:

Name: _____

Address: _____

City, state, and zip code: _____

Phone #: _____

2) Person discriminated against (if other than the complainant):

Name: _____

Address: _____

City, state, and zip code: _____

Phone #: _____

3) Department or person which you believe has discriminated (if known):

Name: _____

Address: _____

City, state, and zip code: _____

Phone #: _____

4) Describe the acts of discrimination providing the name(s) where possible of the individual who discriminated:

5) Have efforts been made to resolve this complaint?

YES _____ NO _____

If YES, what efforts have been taken and what is the status of the grievance?

6) Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court?

YES _____ NO _____

If YES:

Agency or Court: _____

Contact person: _____

Address: _____

City, state, and zip code: _____

Phone #: _____ Date filed: _____

7) Do you intend to file with another agency or court?

YES _____ NO _____

If YES:

Agency or Court: _____

Contact person: _____

Address: _____

City, state, and zip code: _____

Phone #: _____

8) Additional comments or information:

Signature: _____ Date: _____

Return to:

Attn: Heather Campbell

Risk Manager, ADA Coordinator

10200 Slater Avenue

Fountain Valley, CA 92708

Heather.Campbell@fountainvalley.gov

714-593-4555

California Relay Service (CRS) - Dial 711