

American with Disabilities Act (ADA) of 1990 – Grievance Form

Complainant: _____

Person Preparing Complaint (if different from Complainant): _____

Relationship to Complainant (if different from Complainant): _____

Street Address & Apt. No.: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Please provide a complete description of the specific complaint or grievance:

Please specify any location(s) related to the complaint or grievance (if applicable):

Please state what you think should be done to resolve the complaint or grievance:

Please attach additional pages as needed.

Has a complaint been filed with a state or federal agency: _____ Yes _____ No

Name of Agency: _____ Dated filed: _____ Contact: _____

☐ Please do not contact me personally.

Signature: _____ Date: _____

Return to: **City of Fullerton, City Manager's Office, ADA Coordinator, 303 W. Commonwealth Avenue, Fullerton, Ca, 92832**

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be requested in alternative formats. Contact the ADA Coordinator for more information.