ADA Grievance Form

City of Rancho Cordova California

1. Date of Grievance______________
2. Name of Person filing the Grievance_____________________________________
3. Contact information Address____________________ Phone__________ Email_____________
4. Date of alleged discrimination_____________
5. Please describe in detail what prevented you from being able to receive the benefits of the City of Rancho Cordova programs, services or activities. Include dates, locations, (addresses and parts of buildings), witnesses and any other details that will aid the City in its investigation of your grievance.
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
6. Have you discussed this matter with City staff? If yes, whom? ______________
7. What would you like to see done to resolve the issue?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

Signature______________________________   Date____________

If, because of your disability, you need assistance in completing this form please notify the City ADA Coordinator at (916) 851-8906 or California Relay 711.