



**AMERICANS WITH DISABILITIES ACT (ADA)
GRIEVANCE FORM**

Please use this form to file a grievance based upon disability in the provision of services, activities, programs, or benefits. If you need additional assistance, we would be happy to provide it.

Please submit this form to the ADA Coordinator:

Samantha Brown
1001 Allison Drive
Vacaville, CA 95687
(707) 469-6509, TTY (707) 449-5162
samantha.brown@cityofvacaville.com

CONTACT INFORMATION

Today's Date:	_____
Name:	_____
Address:	_____
Daytime Phone:	_____
Evening Phone:	_____
E-mail:	_____

GRIEVANCE INFORMATION

1. Your claim is made against:

Agency/Department Name: _____
Name/Title, if applicable: _____
Address: _____
Phone: _____

2. Location(s) and date(s) of the circumstances giving rise to your grievance:

Are the circumstances of your grievance continuing?

Yes No

3. Please describe the alleged denial of services, activities, programs, or benefits and your reason(s) for concluding that the conduct was discriminatory. Please include the name(s) if any, and attach supporting data or documentation, if available.

4. Have you filed a claim regarding this grievance with a federal, state or local government agency?

Yes No

5. Have you hired an attorney with respect to the allegations in the grievance?

Yes No

6. Have you instituted a legal suit or court action regarding this grievance?

Yes No

7. This Grievance Form was completed by:

ADA Coordinator Complainant Other: _____

Signature

Date