**CITY OF SANTA FE SPRINGS**

**AMERICANS WITH DISABILITIES ACT AND SECTION 504 OF THE REHABILATION ACT OF 1973 GRIEVANCE FORM**

**Instructions:**

This form is to be used by individuals wishing to file a grievance regarding disability-related discrimination or a violation of their rights under the Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act of 1973. Submit this completed form to the ADA/504 Coordinator at the address or email listed on the last page.

###  **1. Complainant Information**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **City, State, ZIP Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Person Affected (if different from Complainant)**

* **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Relationship to Complainant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Date and Location of Incident**

* **Date(s) of Alleged Discrimination or Issue:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Location of Incident or Program/Service Involved:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Description of Complaint**

Please describe the incident or issue, including the nature of the problem, names of individuals involved (if known), and how you believe your rights under the ADA or Section 504 were violated.
(Attach additional pages if necessary.)

**5. Desired Resolution or Action Requested**

Please state what action or resolution you are seeking:

**6. Prior Attempts to Resolve (if any)**

Have you previously reported this issue to a city employee, department, or another agency?

* Yes
* No

If yes, please provide details (who you spoke with, when, and any outcome):

**7. Signature**

I certify that the information provided is true and accurate to the best of my knowledge.

* **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit This Form To:**

**Teresa Cavallo, ADA Coordinator**
City of Santa Fe Springs
11710 Telegraph Road
Santa Fe Springs, CA 90670
Phone: (562) 868-0511 ext. 7309
Email: teresacavallo@santafesprings.gov