



**CITY OF PACIFIC GROVE**

www.ci.pacific-grove.ca.us

## ADA Grievance Form Against the City of Pacific Grove

### NOTICE

A member of the public who believes that he or she (individually or on behalf of a specific class of individuals) has been subjected to unlawful discrimination on the basis of disability by a City of Pacific Grove policy, service, or program may file a complaint by himself, herself, or by an authorized representative. Use of this grievance procedure is not a prerequisite to the pursuit of other remedies.

Pursuant to Title II of the Americans with Disabilities Act of 1990, the following ADA grievance is hereby submitted:

Full Name of Claimant:

Street Address:

City:

State:

ZIP Code:

Mailing Address (if different from above):

Residence Telephone Number:

Work Telephone Number:

Mobile Telephone Number:

List the date, location, and other circumstances of the alleged discriminating activity, policy, program or service:

Name(s) of employee(s) of the City of Pacific Grove allegedly participating the discriminating activity, policy, program or service:

Name(s), address and phone number of witnesses, if any:

Proposed remedy:

Signature of Claimant or Authorized Representative:

Date:

Please deliver or mail the completed claim form to: ADA Coordinator, City of Pacific Grove, 300 Forest Avenue, Pacific Grove, California 93950. A written record of the complaint and the action taken will be maintained in the City's ADA Coordinator's Office for three (3) years. A decision by the ADA Coordinator will be rendered in writing within 15 working days from the date it is received.

### FOR CITY USE ONLY

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_