



Grievance Form under the Americans with Disabilities Act

Your First Name: \_\_\_\_\_ Your Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Method: (Circle One)      Email      Phone      US Mail

On what date and time did you encounter this issue?: \_\_\_\_\_

Description of grievance or barrier to access (what is it, why is it a barrier to access?). Is this a program or a service? Why concerns your or how does it affects your daily activities. Do you request any specific remedies? Use back of sheet if more room is needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of grievance or barrier to access if applicable. Please be explicit as it allows us to quickly respond to correctable issues.

Address or Location: \_\_\_\_\_

Direction of Travel / Side of Street: \_\_\_\_\_

Please attach photos if available. They can be very helpful.

Signature

Date

Submit completed form to [jramsey@elkgrovecity.org](mailto:jramsey@elkgrovecity.org) or

Mail to City of Elk Grove, 8401 Laguna Palms Way, Elk Grove, CA 95758