



Title II of the Americans with Disabilities Act

**Grievance Form**

|  |           |                    |
|--|-----------|--------------------|
| <i>Instructions: Please fill out this form completely, using black ink or typing. Sign and submit form to the address at the bottom of the page. This form is available in alternate formats by request.</i> |           |                    |
| Name:  |           |                    |
| Address  |           |                    |
| City, State, ZIP Code:   |           |                    |
| Telephone Number(s) Home: ( )  | Work: ( ) | Cell: ( )          |
| Email Address:   |           |                    |
| Name of City Service, Program or Facility  |           |                    |
| Location / Address:  |           |                    |
| Date of Observation:   |           |                    |
| Describe the way in which the service, program or facility is discriminatory towards persons with disabilities. Feel free to attach photos and/or other supporting documentation as necessary.               |           |                    |
|  |           |                    |
|  |           |                    |
|  |           |                    |
| Signature of Reporting Individual:   |           | Date:              |
| <b><i>(Do not write below this line - for office use only)</i></b>   |           |                    |
| Reviewed by / Date:  |           | Notification Date: |
| Response / Action Taken:   |           |                    |
|  |           |                    |
|  |           |                    |

Please submit this form to:

City Engineer / ADA Coordinator, City of National City, 1243 National City Boulevard, National City, CA 91950