

ADA Grievance Form

City of Rancho Cordova California

1. Date of Grievance_____
2. Name of Person filing the
Grievance_____
3. Contact information Address_____ Phone_____ Email_____
4. Date of alleged discrimination_____
5. Please describe in detail what prevented you from being able to receive the benefits of the City of Rancho Cordova programs, services or activities. Include dates, locations, (addresses and parts of buildings), witnesses and any other details that will aid the City in its investigation of your grievance.

6. Have you discussed this matter with City staff? If yes, whom?

7. What would you like to see done to resolve the issue?

Signature_____ Date_____

If, because of your disability, you need assistance in completing this form please notify the City ADA Coordinator at (916) 851-8906 or California Relay 711.