

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on last page by email, fax, mail or in person. If you need an accommodation to complete or submit this form, please contact the ADA Coordinator as indicated on this form.

1. Complainant	
Street address	Telephone: Home
	Telephone: Business
2. Person Discriminated Against: (if other than complainant)	
Street address	Telephone: Home
	Telephone: Business
3. Department or Person which you believed has discriminated (if known):	
Street address	Telephone
	When did the discrimination occur? Date:
4. Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:	
5. Have efforts been made to resolve this complaint? <input type="radio"/> Yes <input type="radio"/> No	
If yes, what efforts have been taken and what is the status of the grievance?	
6. Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court? <input type="radio"/> Yes <input type="radio"/> No	
Agency or Court	Contact Person
Street address	Telephone
	Date Filed
7. Do you intend to file with another agency or court? <input type="radio"/> Yes <input type="radio"/> No	
Agency or Court	Contact Person
Street address	Telephone
	Date Filed
8. Additional comments or information	
Signature	Date

Return to: Shannon DeLong, ADA/Section 504 Coordinator - City of Downey, 11111 Brookshire Avenue, Downey, CA 90241
 Email at ADACoordinator@downeyca.org Phone: (562) 299-6619 Fax: (562) 923-6388