Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Grievance Form

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: _______________________________________________________________
   Address: ___________________________________________________________________
   City, State and Zip Code: _____________________________________________________
   Telephone: Home: ____________________________ Business: __________________________

2. Person Discriminated Against: (if other than the complainant): ______________________
   Address: ______________________________________________________________________
   City, State, and Zip Code: _________________________________________________________
   Telephone: Home: ___________________________ Business: ___________________________

3. Department or person which you believe has discriminated (if known):
   Name: _______________________________________________________________________
   Address: ______________________________________________________________________
   City, State and Zip Code: _________________________________________________________
   Telephone Number: _____________________________________________________________
   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?
   Yes_____ 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?

Yes______ No______
If yes:
Agency or Court: ________________________________________________________________
Contact Person: ________________________________________________________________
Address: _________________________________________________________________
City, State, and Zip Code: _________________________________________________________
Telephone Number: ___________________________ Date Filed: ______________

7. Do you intend to file with another agency or court?

Yes______ No______
Agency or Court: ________________________________________________________________
Street Address: _________________________________________________________________
City, State and Zip Code: _________________________________________________________
Telephone Number: ___________________________

8. Additional comments or information:
______________________________________________________________________________
______________________________________________________________________________

Signature: ___________________________ Date: __________________________

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