



## AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE FORM

Please use this form to file a grievance based upon disability in the provision of services, activities, programs, or benefits. If you need additional assistance, we would be happy to provide it.

Please submit this form to the ADA Coordinator:

Samantha Brown  
1001 Allison Drive  
Vacaville, CA 95687  
(707) 469-6509, TTY (707) 449-5162  
[ADA@cityofvacaville.com](mailto:ADA@cityofvacaville.com)

### **CONTACT INFORMATION**

Today's Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### **GRIEVANCE DETAILS**

1. Your claim is made against:  
Agency/Department Name: \_\_\_\_\_  
Name/Title, if applicable: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

2. Location(s) and date(s) of the circumstances giving rise to your grievance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are the circumstances of your grievance continuing?

Yes       No

3. Please describe the alleged denial of services, activities, programs, or benefits and your reason(s) for concluding that the conduct was discriminatory. Please include the name(s) if any, and attach supporting data or documentation, if available.

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4. Have you filed a claim regarding this grievance with a federal, state or local government agency?

Yes       No

5. Have you hired an attorney with respect to the allegations in the grievance?

Yes       No

6. Have you instituted a legal suit or court action regarding this grievance?

Yes       No

7. This Grievance Form was completed by:

ADA Coordinator     Complainant     Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date