

City of La Palma

**Americans with Disabilities Act and
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 the last page by email, mail, or in person. If you need an accommodation to complete or submit this form, please contact the Assistant to the City Manager/ADA Coordinator.

1. Complainant: _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home/Cell: _____ Business: _____

2. Person Discriminated Against: (if other than the complainant): _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home/Cell: _____ 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:

Attn: Assistant to the City Manager, ADA Coordinator
City of La Palma
7822 Walker Street, La Palma, CA 90623
(714) 690-3300
California Relay Service: dial 711