



City of Claremont
City Clerk's Office

Accessibility Complaint Form

This form may be used to file a disability related complaint or request regarding programs, services, or activities offered by the City of Claremont, as well as access to City buildings, streets, or sidewalks. Submit in writing, by phone, or email to:

ADA Coordinator, Shelley Desautels
207 Harvard Avenue, Claremont, CA 91711
(909) 399-5461
sdesautels@ci.claremont.ca.us

PLEASE PRINT OR TYPE, and complete this form as accurately as possible, attaching any supporting documentation.

DATE _____

REPORTED BY (optional)

COMPLAINT LOCATION

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

Phone: _____

Phone: _____

DESCRIPTION OF COMPLAINT (Use additional sheets, if necessary)

--- FOR CITY USE ONLY ---

RESULTS OF INSPECTOR'S INITIAL INVESTIGATION (Within 14 days):

- Described complaint is not a code violation and no further action necessary.
- Complaint valid; violates CA Access Laws and Regulations (C.B.C. Chapter 11) as described below.
- Conforms to C.B.C Chapter 11, but violates provisions of The American with Disabilities Act statute.

Assigned Inspector Signature: _____

Date: _____

Building Official Signature: _____

Date: _____