

ADA AND SECTION 504

Notice Under the Americans with Disabilities Act: Grievance Form

The City of Chowchilla prohibits discrimination against qualified individuals with disabilities in its services, programs, or activities, including federally assisted services, program, or activities.

Sufficient data should be included to substantiate any claims or charges. Additional supporting documentation may be attached to this form.

Complainant Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Evening Phone: _____

Other Contact Information

Who else may we call if we cannot reach you? _____

Daytime Phone: _____ Evening Phone: _____

Name, address and telephone number of the person who was allegedly discriminate against, if different from the person filing the complaint. _____

Please describe the alleged act of discrimination that caused you to file this complaint?

What date (mm/dd/yyyy) and time did the incident occur?

Where did the incident occur?

Were there any witnesses to the incident? Yes or No _____

If yes, please provide the names of and contact information for witnesses. _____

How would you like to see this matter resolved?

Name (Please print)

Date

Signature

Please send this form to:

ADA Coordinator

Jason Rogers, Director of Public Works

130 S. Second Street

Chowchilla, CA 93610

559-665-8615

JRogers@CityOfChowchilla.org