

CITY OF SEAL BEACH

AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

Instructions: Please complete this form, and submit it to: Iris Lee, ADA Coordinator, City of Seal Beach Public Works Department, 211 Eighth Street, Seal Beach, California 90740; or email: ilee@sealbeachca.gov. Attach additional sheets as necessary. Upon request, alternative formats or other reasonable accommodations will be provided in completing this form. Questions should be submitted to the ADA Coordinator, at the address or email address above or by calling: (562) 431-2627 ext. 1322.

1. Complainant Information

Today's Date: _____

- a. Complainant Name: _____
- b. Address: _____
- c. Telephone: _____ Work: _____ Mobile: _____
- d. Email (optional): _____

(If you are filing the complaint on behalf of more than one person or group, please list the full names and contact information for all complainants. Attach additional sheets as necessary.)

2. Representative Information (Complete this section if the complainant's authorized representative is submitting the complaint):

- a. Representative's Name: _____
- b. Address: _____
- e. Telephone: _____ Work: _____ Mobile: _____
- c. Email (optional): _____

3. Description of Complaint:

- a. Date, Time and Location of Alleged Incident:

- b. Explanation of Alleged Incident (Include the names and titles of all persons who participated in the alleged incident; the names, titles and contact information of all witnesses (if known); and any information that you consider relevant to the complaint. Attach additional sheets as necessary. Attach any supporting documents):

4. Remedy or Relief Requested from the City:

Date: _____ **Complainant Signature:** _____

Date: _____ **Authorized Representative Signature:** _____

FOR OFFICIAL USE ONLY (send completed form to ADA Coordinator immediately upon receipt)

Action taken to address the complaint:
