

City of Hawaiian Gardens

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 last page by email, fax, mail or in person. If you need an accommodation to complete or submit this form, please contact the ADA Coordinator.

1. Complainant Name: _____
Address: _____
City, State and Zip Code: _____
Telephone: Home: _____ Business: _____

2. Name of Person Discriminated Against (if other than complainant): _____
Address: _____
City, State, and Zip Code: _____
Telephone: Home: _____ Business: _____

3. Department or Person you believe has discriminated (if known): _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
When and where did the discrimination occur? _____

4. Describe the acts of discrimination. Please provide the name (s) of the individuals who discriminated (if known):

5. Have efforts been made to resolve this complaint? Yes _____ No _____ If yes, what efforts have been taken and what is the status?

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, please provide:

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: _____

Please Return to: Chris Kelley, PE, ADA/504 Coordinator
Email: engineering@hgcity.org
Address: 21815 Pioneer Boulevard, Hawaiian Gardens, CA 90716
Phone: (562) 420-2641 ext.216
California Relay Service: dial 711