CITY OF ATWATER
750 BELLEVUE ROAD
ATWATER, CALIFORNIA 95301

AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

GRIEVANT'S NAME: ____________________ TODAY'S DATE: ____________

ADDRESS: ____________________

EMAIL ADDRESS: ____________________

TELEPHONE: ____________ WORK: ____________ CELL: ____________

IF A LEGALLY AUTHORIZED REPRESENTATIVE IS FILING THE GRIEVANCE ON YOUR BEHALF, HIS/HER NAME, ADDRESS AND TELEPHONE NUMBER MUST ALSO BE INCLUDED.

REPRESENTATIVE'S NAME: ____________________

ADDRESS: ____________________

EMAIL ADDRESS: ____________________

TELEPHONE: ____________ WORK: ____________ CELL: ____________

DATE OF INCIDENT: ____________ TIME OF INCIDENT: ____ AM / PM

LOCATION/ADDRESS OF INCIDENT: ____________________

____

DESCRIBE YOUR GRIEVANCE: ____________________

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IF THE INCIDENT(S) INVOLVED CITY OF MISSION VIEJO EMPLOYEE(S), HIS/HER NAME(S): ____________

____

NAME(S) AND CONTACT INFORMATION OF WITNESSES: ____________________

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IF YOUR GRIEVANCE IS BEING FILED ON BEHALF OF ANOTHER PERSON OR GROUP, ALL OF THE GRIEVANT(S) SHOULD BE DESCRIBED OR IDENTIFIED BY NAME, IF POSSIBLE:

PERSON/GROUP NAME: ____________________

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STATE REQUESTED REMEDY TO YOUR GRIEVANCE: ____________________

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____________________ ____________
GRIEVANT'S SIGNATURE DATE

____________________ ____________
LEGALLY AUTHORIZED REPRESENTATIVE SIGNATURE DATE

Please fill out this form completely in blue or black ink or type. Sign, date and return to: **Mark Pereida, ADA Compliance Officer, 750 Bellevue Road, Atwater, CA. 95301**. (Attach additional sheets as necessary.)