



City of Chico

ADA Complaint/Grievance Form

SECTION 1: COMPLAINANT INFORMATION			
Name of Complainant		Telephone Number (including area code)	
Mailing Address			
City		State	Zip
Person Preparing Complaint (if different from Complainant)		Relationship to Complainant (if different from Complainant)	
SECTION 2: COMPLAINT/GRIEVANCE INFORMATION			
Alleged Violation Date(s)		Alleged Violation Time(s)	
Location of Your Complaint/Grievance			
Description of Alleged Violation (attach additional pages if necessary)			
Requested Remedy for Violation (attach additional pages if necessary)			
Has Your Complaint/Grievance Been Filed With State or Federal Agency? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of Agency	Date Filed	Contact Person
Other Comments			
SECTION 3: SIGNATURE			
Signature			Date

Upon request, reasonable accommodation will be provided in completing this form. The completed form should be submitted to the City of Chico's ADA Coordinator.