City of Ripon

Americans with Disabilities Act and
Section 504 of the Rehabilitation Act of 1973
GRIEVANCE FORM

Name: ____________________________________________ Date: _____________________

Please PRINT: First Name and Last Name

Address: ____________________________________________

Phone (Voice or TDD) Home (___)

(____)__________________________ (____)________________

Designated Person to contact if I cannot be reached:

Name: ____________________________ Relationship: _______________ Phone: (____)_____________

Please PRINT

Date you experienced a problem:________________    Nature of your Disability: _____________________

Please explain your concern:  (e.g.: Unable to get access to a program or property due to a physical barrier, etc.)

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

What type of corrective action would you like to see taken? ______________________________________

_______________________________________________________________________________________

If the problem involved a City of Ripon employee(s), please provide his/her name(s), if known:

_______________________________________________________________________________________
If the problem involves physical access to a City of Ripon public facility, land, or right-of-way, please provide the specific address(s) of those locations:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
If this complaint is filed on behalf of a second person, or in behalf of a group of people, please provide the names and addresses of all of the grievants, if possible:
________________________________________________________________________________________
________________________________________________________________________________________
Please provide the name(s) and address(s), if known, of any witnesses to the access violation or alleged discrimination:
________________________________________________________________________________________
________________________________________________________________________________________
Is there any other information you want the City of Ripon to know concerning this problem?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Completed By: ______________________________________________ Date: ______________________
Signature

Please PRINT Name

Signature of (check one):  ____ Observer of alleged access violation  
____ Victim of alleged discrimination  
____ Authorized representative

Form Received By: __________________________________________ on _________________________
Print Name            Date

Grievance Form submitted:   In Person,     By Mail,   By Telephone,   By Fax,   By Email