

**City of Ripon**

259 North Wilma Avenue, Ripon, California 95366

Phone: (209) 599-2108 Fax: (209) 599-2685

[www.cityofripon.org](http://www.cityofripon.org)



**GRIEVANCE FORM**

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

**OFFICE USE**

Form Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Grievance Form Submitted:

In Person

By Mail

By Telephone

By Fax

By Email

**SECTION 1 – CONTACT INFORMATION**

• Name (*First and Last*) \_\_\_\_\_

• Street Address: \_\_\_\_\_ • City/State/Zip: \_\_\_\_\_

• Telephone (home/cell): \_\_\_\_\_ • Telephone (work): \_\_\_\_\_ • Email: \_\_\_\_\_

• Do you require an accessible format?  Yes  No If yes, check all that apply.

Large Print  TTY/TDD  Audio Tape  Other \_\_\_\_\_

• Designated Person to contact if you cannot be reached: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

• Are you filing this complaint on your own behalf?  Yes  No If yes, go to Section II. If no, complete the following if possible.

• Name of person(s) for whom you are filing: \_\_\_\_\_

• Address(s) of person(s) for whom you are filing: \_\_\_\_\_

• Nature of your relationship:  Observer of alleged access violation  Authorized representative

**SECTION II – GRIEVANCE INFORMATION**

**Please answer the questions below. Attach additional sheets if needed.**

• Date of Incident: \_\_\_\_\_

• Nature of your disability.

• Please provide as much detail explaining your concern. (e.g.: unable to get access to a program or property due to a physical barrier, etc.)

<ul style="list-style-type: none"> <li>• What type of corrective action would you like to see taken?</li> </ul>
<ul style="list-style-type: none"> <li>• If the problem involved a City of Ripon employee(s), please provide his/her names(s), if known.</li> </ul>
<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<ul style="list-style-type: none"> <li>• Please provide the name(s) and address(s), if known, of any witnesses to the access violation or alleged discrimination.</li> </ul>
<ul style="list-style-type: none"> <li>• Please provide any other information you want the City of Ripon to know concerning this problem.</li> </ul>

**SECTION III - SIGNATURE**

- I affirm that the above information provided is true to the best of my knowledge.

\_\_\_\_\_  
Applicant/Authorized Representative SIGNATURE

\_\_\_\_\_  
PRINT Name

\_\_\_\_\_  
Date Submitted

**Upon completion of this form, please mail to  
City of Ripon, Attn: Liaison Officer, 259 N. Wilma Avenue, Ripon, CA 95366  
or email to [liaisonofficer@cityofripon.org](mailto:liaisonofficer@cityofripon.org)**

**If you need assistance completing this form, please contact the City of Ripon at 209-599-2108.**