



Grievance and Complaint Form  
Americans with Disabilities Act  
Section 504 of the Rehabilitation Act of 1973

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 as indicated on this form.

1. Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

2. Person Allegedly Discriminated Against: (if other than the complainant): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

3. Department or person which you believe has discriminated (if known):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

When did the alleged discrimination occur? Date: \_\_\_\_\_

4. Describe the acts of alleged discrimination providing the name(s) where possible of the individuals who discriminated:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Have efforts been made to resolve this complaint? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: what efforts have been taken and what is the status of the grievance?

\_\_\_\_\_



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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:

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: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:

Mark Stowell, ADA Coordinator and Public Works Director/City Engineer  
City of La Mirada  
13700 La Mirada Boulevard  
La Mirada, California 90638  
Email: [ADAcoordinator@cityoflamirada.org](mailto:ADAcoordinator@cityoflamirada.org)  
Phone: (562) 902-2354 FAX: (714) 522-5800  
TTY: California Relay Service at 7-1-1