



CITY OF BANNING

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

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, 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 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 discrimination occur? Date: _____

4. Describe the acts of 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?

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:

Signature: _____Date: _____

Return to:

Nicole Jews, ADA/504 Coordinator
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Phone: (951) 922-9155
TTY: by California Relay at 7-1-1