

CITY OF RANCHO CUCAMONGA
Americans with Disabilities Act (ADA) of 1990 - GRIEVANCE FORM



This form is for submitting complaints that the City of Rancho Cucamonga has not complied with the ADA. All complaints will be investigated. Please type or print legibly.

Name of Grievant: _____ Date of Incident: _____

Address: _____ City _____ State _____ Zip _____

Telephone Number: _____ E-mail address: _____

If the Grievant is not the individual completing this form, please provide the authorized representative's name: _____ Relationship: _____

Representative's Telephone Number: _____

Alleged Violations: Describe how the City has not complied with the requirements of the ADA; please attach additional pages if necessary:

Requested Action: What actions do you request the City of Rancho Cucamonga take to correct the alleged ADA non-compliance or discrimination?

Has a Complaint been filed with a State or Federal Agency: ___YES ___NO

Name of Agency: _____ Date Filed: _____ Contact: _____

Signature of (circle one) Grievant or Authorized Representative:

_____ Date: _____

Please submit the completed form to: Trang Huynh, ADA Coordinator
City of Rancho Cucamonga
10500 Civic Center Drive
P.O. Box 807
Rancho Cucamonga, CA 91729
(909) 477-2700 / Trang.Huynh@CityofRC.us

For more information or assistance in completing the form, please contact the ADA Coordinator.