



ADA Title II Grievance Form

Instructions: Please fill out as much of this form as you can in black ink or type. If you need assistance, tell us and we would be happy to provide assistance with filling out this form. Sign and return (mail, fax or e-mail) to the following information listed below.

Department on Disability

John James Building Official
1052 Tata Lane
South Lake Tahoe, CA 96150
Phone: (530) 542-6015
Fax: (530) 541-7524
E-mail: JJames@cityofslt.us

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Business Phone: _____

Mobile Phone: _____

E-Mail: _____

Person (if other than the grievant) alleging Violation of Title II of the Americans with Disabilities Act:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Business Phone: _____

Mobile Phone: _____

COMPLAINT

Access issues generally fall into one of three categories, please indicate which category best describes your issue.

Physical/Architectural Access – Is the issue related to a physical barrier, for example, a wheelchair ramp is needed, counters are too high for wheelchair users, missing braille signage, etc.

Programmatic Access – Is the issue related to being able to participate in a program, service or activity. For example, is there a City policy, practice, and/or procedure that you allege does not provide an equally effective opportunity for persons with disabilities to participate in or benefit from the City’s programs and services.

Communication Access – Is the issue related to communication, for example do you need auxiliary aids and services, a sign language interpreter, Communication Access Real-Time Translation (CART) materials in alternative formats in order to have equal access to information and communication with a City Department’s programs, services, or activities.

City Department, Bureau or Service: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

When did the alleged violation occur? _____

Describe the alleged act(s) of discrimination, providing name(s) where possible of the individuals who allegedly violated Title II (see end of page three for additional space).

Has this complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes

No

If yes, please complete the following information below:

Agency or Court: _____

Contact Person: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Zip Code

Phone: _____

Date Filed: _____

Additional space for description of alleged act of violation:

Strict confidentiality of all complaint information will be maintained. Sharing of information will be done only as needed to resolve the complaint.

Print Name: _____

Signature: _____

Date: _____