



CITY OF COMMERCE ADA GRIEVANCE FORM

Today's Date: _____

Complainant: _____

Address: _____

City, State, Zip: _____

Telephone and E-mail: _____

Individual Discriminated Against: _____

Address: _____

City, State, Zip: _____

Telephone and E-mail: _____

Alleged Violation: Date(s) of Occurrence: _____

Description of Violation and City Department Involved: _____

Requested Action by City to Correct Violation: _____

Has Complaint been Filed with State or Federal Agency: Yes No.

Name of Agency: _____ Date Filed: _____

Contact Person: _____

Signature: _____