

**City of San Marcos, CA
Americans with Disabilities Act (ADA)
Section 504 of Rehabilitation Act 1973 (Section 504)
GRIEVANCE FORM**

Grievant's Name: _____ Today's Date _____

Address: _____

Email Address: _____ Telephone/Cell Number: _____

IF A LEGALLY AUTHORIZED REPRESENTATIVE IS FILING THE GRIEVANCE ON YOUR BEHALF, HIS/HER NAME, ADDRESS AND TELEPHONE NUMBER MUST ALSO BE INCLUDED.

Representative's Name: _____

Address: _____

Email Address: _____ Telephone/Cell Number: _____

Date of Alleged Incident: _____ Time of Alleged Incident: _____

Location/Address of Alleged Incident: _____

Describe Your Grievance: (attach additional pages if necessary)

If the Alleged Incident Involved City Employee(s), list name(s):

Signature (Grievant or his/her authorized representative)	Date
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~ COMPLAINT MAY BE FILED VERBALLY OR IN WRITING ~

Revised: August 1, 2018