

**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)

Name and Contact Information of Witnesses, if applicable: _____

State requested remedy to your grievance: (attach additional pages if necessary)

X _____

Signature (Grievant or his/her authorized representative)

_____ Date

Within 15 calendar days after receipt of the grievance, City will meet with the Grievant to discuss the Grievance and the possible resolution. Within 15 calendar days of the meeting, City will respond in writing and explain the position of the City and offer options for resolution. (See Grievance Procedures)

~ COMPLAINT MAY BE FILED VERBALLY OR IN WRITING ~

The City of San Marcos, CA is an affirmative action public entity and does not discriminate on the basis of race/color, national origin, sex, religion, age or disability, in addition to the State of California's protected classes, in employment or the provisions of service. Please notify the City of San Marcos 48 hours or more prior to meeting to enable the City to make reasonable arrangements to ensure accessibility to scheduled meeting.

Revised: August 1, 2018