

City of Palm Desert
Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973



GRIEVANCE FORM

Reporting Individual: _____

Address: _____ **City:** _____ **State:** _____ **Zip code:** _____

Telephone number: _____ **Email address:** _____

This section to be completed only if the aggrieved person is not the individual completing this form.

Person(s) affected if other than reporting individual:

Address: _____ **City:** _____ **State:** _____ **Zip code:** _____

Telephone number: _____ **Email address:** _____

Program/Facility for which an accommodation or barrier removal has been requested:

When did you first request the accommodation or barrier removal? _____

Describe the situation or way in which you are dissatisfied with how the City responded to your request for accommodation or barrier removal:

Attach additional sheets, if necessary.

Continued

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Have efforts been made to resolve this complaint through the ADA Coordinator?

☐ **YES** ☐ **NO**

If yes, what were the results?

Additional space for comments:

Signature: _____ **Date:** _____

Send to: **City Clerk**
73-510 Fred Waring Dr
Palm Desert, CA 92260
760-346-0611 (phone)
760-340-0574 (fax)
cityclerk@cityofpalmdesert.org