



**CITY OF SANTEE  
AMERICANS WITH DISABILITIES ACT GRIEVANCE/COMPLAINT FORM**

Grievant/Complainant's Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Address:

\_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone/Cell Number: \_\_\_\_\_

**IF AN 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(s) of Alleged Incident(s): \_\_\_\_\_ Time of Alleged Incident(s): \_\_\_\_\_

\_\_\_\_\_

City employees or contractors involved (if known):

\_\_\_\_\_

Location/Address of Alleged Incident: \_\_\_\_\_

Describe the basis for your complaint (denial of access to services, programs, or benefits, reasonable accommodation.) Attach additional pages if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Contact Information of Witnesses, if applicable: \_\_\_\_\_

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

Have you previously filed an ADA complaint with the City about this same issue?  YES  NO

Have you filed this grievance/complaint with any other Federal, State or local agency, or with any other Federal or State Court related to this same issue? If so, state where?

I affirm that the above is true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature (Grievant or his/her authorized representative)

\_\_\_\_\_  
Date

*Filing this grievance/complaint with the City of Santee does not prevent you from filing a complaint with other State or Federal Agencies.*

Please print, complete and submit form to:

City of Santee  
Attn: Erica Hardy  
ADA Coordinator  
10601 Magnolia Avenue  
Santee, CA 92071  
ADAcoordinator@cityofsanteeca.gov