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
ADA Coordinator: Rida Freeman, Director of Human Resources
10601 Magnolia Avenue
Santee, CA 92071
rfreeman@cityofsanteeca.gov