Americans with Disabilities Act  
Section 504 of the Rehabilitation Act of 1973  
Grievance Form

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on last page by email, fax, mail or in person. If you need an accommodation to complete or submit this form, please contact the ADA Coordinator as indicated on this form.

1. Complaintant: ____________________________________________________________
Address: ___________________________________________________________________
City, State and Zip Code: ___________________________________________________________________
Telephone: Home: __________________________ Business: __________________________

2. Person Discriminated Against: (if other than the complainant): ______________________
Address: ___________________________________________________________________
City, State, and Zip Code: ___________________________________________________________________
Telephone: Home: __________________________ Business: __________________________

3. Department or person which you believe has discriminated (if known):
Name: _______________________________________________________________________
Address: ___________________________________________________________________
City, State and Zip Code: ___________________________________________________________________
Telephone Number: ___________________________________________________________________
When did the discrimination occur? Date: ___________________________________________________________________

4. Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

5. Have efforts been made to resolve this complaint?
Yes______ No______
If yes: what efforts have been taken and what is the status of the grievance?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

6. Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes______ No______

If yes:
Agency or Court: ________________________________________________________________
Contact Person: ________________________________________________________________
Address: ________________________________________________________________________
City, State, and Zip Code: _______________________________________________________
Telephone Number: __________________________ Date Filed: ______________

7. Do you intend to file with another agency or court?

Yes______ No______

Agency or Court: ________________________________________________________________
Street Address: __________________________________________________________________
City, State and Zip Code: _______________________________________________________
Telephone Number: __________________________

8. Additional comments or information:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature: ___________________________________________ Date: ______________________

Return to:

Shelly Stanwyck
ADA Coordinator
c/o Community Services
City of San Luis Obispo
990 Palm Street
San Luis Obispo, CA 93401
Email: ADACoordinator@slocity.org
Phone: (805) 781-7200