



8. Have efforts been made to resolve this complaint? Yes \_\_\_\_ No \_\_\_\_

9. If yes to question 8, what efforts have been taken and what is the status of the grievance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. 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 \_\_\_

11. If yes to question 10, which agency (please provide address & contact person at the agency)  
\_\_\_\_\_  
\_\_\_\_\_

12. Do you intend to file with another agency or court? Yes \_\_\_\_ No \_\_\_\_

13. Please provide any additional comments or information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return completed form to:**  
**Ray Markel, ADA Coordinator**  
**21201 La Puente Rd**  
**Walnut, CA 91789**  
[Rmarkel@cityofwalnut.org](mailto:Rmarkel@cityofwalnut.org)  
**(909) 348-0711**

**California Relay Service: Dial 711**