

City of Walnut



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.

1.	. Name:	
2.	Address:	
3.	. Telephone:	
4.	Person Discriminated Against:	
5.	. Department/Person which you believe has discriminated:	
6.	Date Discrimination Occurred:	
7.	Describe the acts of discrimination:	

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:
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Please return completed form to:
Ray Markel, ADA Coordinator
21201 La Puente Rd
Walnut, CA 91789

Rmarkel@cityofwalnut.org (909) 348-0711

California Relay Service: Dial 711