

**City of Ripon**

259 North Wilma Avenue, Ripon, California 95366

Phone: (209) 599-2108 Fax: (209) 599-2685

[www.cityofripon.org](http://www.cityofripon.org)**GRIEVANCE FORM**Americans with Disabilities Act and  
Section 504 of the Rehabilitation Act of 1973**OFFICE USE**

Form Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Grievance Form Submitted:

☐ In Person☐ By Mail☐ By Telephone☐ By Fax☐ By Email**SECTION 1 – CONTACT INFORMATION**

- Name (*First and Last*) \_\_\_\_\_
- Street Address: \_\_\_\_\_ • City/State/Zip: \_\_\_\_\_
- Telephone (home/cell): \_\_\_\_\_ • Telephone (work): \_\_\_\_\_ • Email: \_\_\_\_\_
- Do you require an accessible format? ☐ Yes ☐ No If yes, check all that apply.  
☐ Large Print ☐ TTY/TDD ☐ Audio Tape ☐ Other \_\_\_\_\_
- Designated Person to contact if you cannot be reached: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Are you filing this complaint on your own behalf? ☐ Yes ☐ No If yes, go to Section II. If no, complete the following if possible.
- Name of person(s) for whom you are filing: \_\_\_\_\_
- Address(s) of person(s) for whom you are filing: \_\_\_\_\_

- Nature of your relationship: ☐ Observer of alleged access violation ☐ Authorized representative

**SECTION II – GRIEVANCE INFORMATION****Please answer the questions below. Attach additional sheets if needed.**

- Date of Incident: \_\_\_\_\_

- Please provide as much detail explaining your concern. (e.g.: unable to get access to a program or property due to a physical barrier, etc.)

- What type of corrective action would you like to see taken?

- If the problem involved a City of Ripon employee(s), please provide his/her names(s), if known.

- If the problem involves physical access to a City of Ripon public facility, land, or right-of-way, please provide the specific address(s) of those locations.

- Please provide the name(s) and address(s), if known, of any witnesses to the access violation or alleged discrimination.

- Please provide any other information you want the City of Ripon to know concerning this problem.

### SECTION III - SIGNATURE

- I affirm that the above information provided is true to the best of my knowledge.

\_\_\_\_\_  
Applicant/Authorized Representative SIGNATURE

\_\_\_\_\_  
PRINT Name

\_\_\_\_\_  
Date Submitted

**Upon completion of this form, please mail to  
City of Ripon, Attn: Liaison Officer, 259 N. Wilma Avenue, Ripon, CA 95366  
or email to [liaisonofficer@cityofripon.org](mailto:liaisonofficer@cityofripon.org)**

**If you need assistance completing this form, please contact the City of Ripon at 209-599-2108.**