



**PUBLIC WORKS
ENGINEERING & OPERATIONS**

11999 Palm Drive • Desert Hot Springs • CA • 92240
(760) 329-6411 • www.cityofdhs.org

ADA GRIEVANCE / COMPLAINT FORM

| | | | | | |
|---|--|--|-----------------------------|--|--|
| Today's Date | | | Complainant | | |
| Person Preparing Complaint (if different from Complainant) | | | Relationship to Complainant | | |
| Complainant's Street Address | | | | | |
| Complainant's City, State, Zip | | | | | |
| Complainant's Phone | | | Complainant's E-Mail | | |

If a legally authorized representative is filing the grievance on your behalf, his/her name, address and telephone number must also be included:

| | | | | | |
|-----------------------------------|--|--|-------------------------|--|--|
| Representative's Name | | | | | |
| Representative's Street Address | | | | | |
| Representative's City, State, Zip | | | | | |
| Representative's Phone | | | Representative's E-Mail | | |

| | | | | | |
|-------------------------|--|--|---------------------|--|--|
| Date of Incident(s) | | | Time of Incident(s) | | |
| Location of Incident(s) | | | | | |

If the incident(s) involved a City of Desert Hot Springs employee(s), please provide his/her/their name(s):

| | | | | | |
|------------|--|--|------------|--|--|
| Employee 1 | | | Employee 2 | | |
| Employee 3 | | | Employee 4 | | |

If there were witnesses to the incident(s), please provide their contact information:

| | | | | | |
|-----------|--|--|--|--|--|
| Witness 1 | | | | | |
| Witness 2 | | | | | |

If your grievance is being filed on behalf of another person or a group of people, please state all of the grievant(s)' name(s) if possible:

| | | | | | |
|------------|--|--|------------|--|--|
| Grievant 1 | | | Grievant 2 | | |
| Grievant 3 | | | Grievant 4 | | |

Please state your requested remedy to your grievance:

Please attach additional pages as needed.

Please do not contact me personally.

Complainant's Signature

Date

Legally Authorized Representative's Signature

Date

Return to: City of Desert Hot Springs
Public Works Department - ADA Coordinator
11999 Palm Drive
Desert Hot Springs, CA 92240

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the ADA Coordinator at the address listed above or via telephone at 760-329-6411 x220.