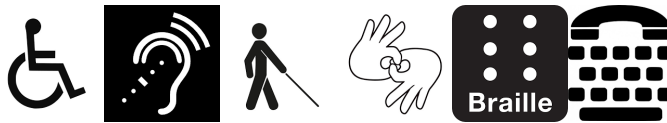




City of Petaluma

Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973



Formal Written Complaint

Reporting Individual: _____ Date of Request: _____

Address: _____ City, State and Zip: _____

Phone Number: _____ Email Address: _____

Other Contact Information: _____

If person needing accommodation is not the individual completing this form, please enter:

Name: _____ Phone Number: _____

Program/Facility Alleged to be Inaccessible: _____

When did the situation occur (date)? _____

Describe the situation or way in which the program is not accessible, providing the name(s) where possible of the individuals who were involved in the situation, and any documentation or photographs supporting the incident: _____

Have efforts been made to resolve this complaint through the Request for Accommodation with the ADA Coordinator? Yes No

If yes, what were the results? _____

How do you suggest this issue be remedied? _____

Signature: _____ Date: _____

.....
Please send the completed form to:

Kent Carothers, P.E. City Engineer
ADA Coordinator
City of Petaluma
(707) 778-4303
publicworks@cityofpetaluma.org