



**CITY OF SEBASTOPOL
ADA TITLE II
GRIEVANCE PROCEDURE COMPLAINT FORM**

If you believe that you were denied access to a County facility, program or service due to a disability, please contact:

ADA Coordinator
City of Sebastopol
Building Department
7425 Bodega Avenue
Sebastopol CA 95472
Phone: 707-823-8597 Fax: 707-823-4703
Email: gschainblatt@cityofsebastopol.org

You can file a grievance by mail, fax, e-mail or in person using the contact information above.

The ADA designee will contact you to discuss the complaint within 15 days of receipt.

Contact Information

Reporting Individual _____ Email _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell Phone _____

Preferred method of contact _____ Other contact information _____

Accessibility Issue

Facility, Program or Service alleged to be inaccessible _____

When did the situation occur (date)? _____ Name of staff _____

City of Sebastopol

ADA Title II – Grievance Procedure Complaint Form

Describe the situation or way in which the facility, program or service is not accessible:

Have you made efforts to resolve this issue directly with staff of facility, program or service? Yes No

If yes, what were the results?

How do you suggest this issue be resolved?

Signature

Date Submitted