



City of Porterville
Title II of the American with Disabilities Act
Section 504 of the Rehabilitation Act of 1973



FORMAL WRITTEN COMPLAINT / GRIEVANCE

Please type or print legibly.

Reporting Individual: _____ Date of request: _____

Address: _____

Telephone Number: _____ Business Phone: _____

Other Contact Information: _____

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

Name: _____ Telephone Number: _____

Other Contact Information: _____

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:

Patrice Hildreth, ADA 504 Coordinator
City of Porterville
291 North Main Street
Porterville, CA 93257
(559) 782-7446
(559) 782-7452 (Fax)
ada@ci.porterville.ca.us (email)