



# City of Firebaugh ADA Complaint / Grievance Form

Complainant: \_\_\_\_\_

Person Preparing Complaint (if different from Complainant): \_\_\_\_\_

Relationship to Complainant (if different from Complainant): \_\_\_\_\_

Street Address & Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please provide a complete description of the specific complaint or grievance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please specify any location(s) related to the complaint or grievance (if applicable):**

\_\_\_\_\_  
\_\_\_\_\_

**Please state what you think should be done to resolve the complaint or grievance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Please attach additional pages as needed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return to:

**Laura Weyant  
ADA Coordinator and City Manager  
1133 "P" Street  
Firebaugh, California 93622**

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the Program Access Coordinator at the address listed above, via telephone (559) 659-2043