



Administrative Services
(805) 383-5633
(805) 388-5318 Fax

City of Camarillo

601 Carmen Drive • P.O. Box 248 • Camarillo, CA 93011-0248

Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 Grievance Form

1. Complainant's Name: _____

Street Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Business Phone: _____

2. Person Discriminated Against: (If other than the Complainant): _____

Street Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Business Phone: _____

3. Department or person which you believe has discriminated (if known):

Name: _____

Street Address: _____

City, State, and Zip Code: _____

Phone: _____

When did the discrimination occur? Date: _____

4. Describe the acts of discrimination. Please provide the name(s) where possible of the individuals who discriminated:

5. Have efforts been made to resolve the complaint? Yes No

If yes, what efforts have been taken and what is the status of the grievance?

6. Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local agency or court? Yes No

If yes, Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Phone: _____ Date Filed: _____

7. Do you intend to file with another agency or court? Yes No

If yes, Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Phone: _____

8. Additional comments or information:

Dated: _____

Signature

RETURN COMPLETED FORM TO:

Kevin Jorgensborg, ADA Coordinator
City of Camarillo, 601 Carmen Drive, Camarillo, CA 93010
kjorgensborg@cityofcamarillo.org
Phone: (805) 388-5377 Fax: (805) 419-7845
California Relay Service: dial 711