



AMERICANS WITH DISABILITIES ACT (ADA) TITLE II GRIEVANCE AND COMPLAINT FORM

(Problems with Public Access to Programs, Services, or Activities)

The City of Sausalito ensures that no person or groups of persons shall, on the grounds, of race, color, sex, religion, national origin, age, disability, retaliation, or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all City programs, services, or activities administered.

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on next page by email, fax, mail, or in person within 60 days of the alleged incident. If you need accommodation to complete or submit this form, please contact the Public Works Director.

1. Grievant Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work: _____

Cell Phone: _____ Email Address: _____

Check all preferred methods of communication:

Voice Telephone 711 CA Relay Service Email U.S. Mail

Other: _____

2. Person to Contact (If Other Than the Grievant):

Name: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home: _____ Work: _____

Cell Phone: _____ Email Address: _____

Check all preferred methods of communication:

Voice Telephone 711 CA Relay Service Email U.S. Mail

Other: _____

3. Alleged Accessibility Issue with City of Sausalito Program, Service, or Activity:

Date of Alleged Incident: _____ Time of Alleged Incident: _____

Location/Address of Alleged Incident:

4. Describe The Incident/Complaint with Enough Detail so the Nature of the Grievance Can Be Understood: (Attach Additional Pages If Necessary)

5. Have Attempts Been Made to Resolve the Complaint Through a City Department? If Yes, Please Describe the Efforts That Have Been Made: (Attach Additional Pages If Necessary)

6. If the Alleged Incident Involved City Employee(s), Please List Name(s):

7. Name and Contact Information of Witness(es), If Applicable:

8. Requested Remedy for Your Grievance: (Attach Additional Pages If Necessary)

9. Evidence and Documentation: Please provide any physical evidence, written, recorded documents, or any other information that directly supports your specific allegation(s) including photographs or other documents in support of your grievance.

To The Best of My Knowledge, The Above Information and Statements Are True and Accurate:

10. Signature: _____ **Date:** _____

Please Submit Your ADA Title II Grievance Form To:

Mailing Address: ADA Title II Program
420 Litho Street
Sausalito, CA, 94965

Voice & Fax: (415) 289-4176
7-1-1 CA Relay Service

Email: kmcgowan@sausalito.gov
Copy to: cityclerk@sausalito.gov

FOR CITY USE ONLY

Received By (First & Last Name):

Date Received (MM/DDNY):
