

City of Clovis
Title I and Title II of the American with Disabilities Act
Section 504 of the Rehabilitation Act of 1973



FORMAL WRITTEN COMPLAINT

Please type or print legibly.

Reporting Individual:

Date of request:

Address:

City, State and Zip:

Telephone Number:

Business Phone:

Other Contact Information:

If person alleging discrimination or requesting accommodation is not the individual completing this form, please enter:

Name:

Telephone Number:

Other Contact Information:

Program/Service/Activity/Facility Alleged to be Inaccessible:

When and where did the situation occur (date and specific location)?

Describe the situation or way in which the program/service/activity/facility is not accessible, providing the name(s) where possible of the individuals who were involved in the situation along with any documentation, photographs or witness statements supporting the complaint:

Employment Discrimination

Describe the alleged discrimination, providing the name(s) where possible of the individuals involved in the situation along with any documentation supporting the complaint.

Request for Reasonable Accommodation:

Identify the requested reasonable accommodation, providing documentation of the employee or applicant's condition, functional limitations and the need for reasonable accommodation.

Signature:

Date:

Please send the completed form to: ADA Coordinator, 1033 Fifth Street, Clovis, CA 93612,
(559) 324-2060, FAX – (559) 324-2840, CityClerk@ClovisCA.Gov