

SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS

ADA GRIEVANCE FORM

Today's Date: _____

Complainant's Full Legal Name: _____

Address: _____

City, State, Zip: _____

Telephone and E-mail: _____

Legal Name of Individual Discriminated Against if Different than Complainant's:

Address: _____

City, State, Zip: _____

Telephone and E-mail: _____

Alleged Violation

Date(s) of Occurrence: _____

Description of Violation and SCAG Department Involved (please attach additional pages or use back of form if more space is needed):

Requested Action by SCAG to Correct Violation:

Has Complaint been Filed with State or Federal Agency: ____ Yes ____ No.

Name of Agency: _____ Date Filed: _____

Contact Person: _____

Signature of Complainant: _____

Date Signed: _____