



City of Gardena
Americans with Disabilities Act - Grievance Form

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on last page by email, fax, mail, or in-person. If you need an accomadation to complete or submit this form, please contact the ADA Coordinator as indicated in this form.

1. Your Name: _____
Address: _____
City, State and Zip Code: _____
Telephone: Home/Cell: _____ Business: _____

2. Person you are filling this for: (if other than complainant) _____
Address: _____
City, State and Zip Code: _____
Telephone: Home/Cell: _____ Business: _____

3. Date of Grievance: _____
Location or address of grievance on City Property: _____

4. Describe the events leading to your filing of this grievance, providing names of the City employees or City Department involved where possible: _____

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

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

6. What do you request the City do to resolve this grievance? _____

7. Additional comments or information:

Signature: _____ Date: _____

Return to:

ADA Coordinator - Diana Schnur, Human Resources Manager
City of Gardena
1700 West 162nd St.
Gardena, CA. 90247
Email: dschnur@cityofgardena.org
Phone: (310) 217-9688