City of Gardena
Americans with Disabilites Act- Grievance Form

Instructions: Please fill out this form completely. A printed or typed response is recommended. After signing, you may submit the form electronically or return it by email, mail, or in-person to the address provided on the final page. 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