



CITY OF ELK GROVE

Access Request and Complaint Form for Persons with Disabilities

Instructions

This form is to be used for requests or concerns about access to City of Elk Grove buildings, programs, services or activities. Concerns pertaining to buildings and programs not operated by the City of Elk Grove should be directed to the appropriate responsible party.

Complete the information below with or without the assistance of City staff. You can mail, fax, hand deliver or e-mail this form. After completion of this form, please forward to:

City of Elk Grove, ADA Coordinator, Jim Ramsey
8401 Laguna Palms Way, Elk Grove, CA, 95758
jramsey@elkgrovecity.org
Voice: 916-478-2250
Fax: 916-627-4250
TTY/TDD: (888) 435-6092

Date of accessibility incident: _____

Nature of request or complaint (attach additional page(s) if necessary):

Program/Service/Activity (if applicable):

Building/Facility (if applicable):

Address/Location:

Your Name: _____

Address: _____

Telephone: _____ E-mail: _____ Today's Date: _____

Would you like to be contacted regarding the resolution of this matter? Yes ___ No ___

The City will make every effort to address your concern within a reasonable period of time. You will be contacted by the ADA Coordinator within five (5) business days. If your concern pertains to an agency other than the City of Elk Grove, we will forward this form to the responsible agency.

This information is available in alternative formats upon request to the ADA Coordinator

All written complaints and responses will be retained by the City of Elk Grove for at least three years.

If the response by the ADA Coordinator or designee does not satisfactorily resolve the concern, the complainant may appeal the decision within fifteen (15) business days after receipt of the response to the City Manager or designee.

FOR CITY USE ONLY

City Staff:

- A. Try to resolve at the departmental level after consultation with department Manager or in accordance with departmental procedures;
- B. Staff resolving complaint will complete bottom half of form. Please include those who are assisting in the resolution of this matter and forward a copy to the City's ADA Coordinator within five (5) business days of receiving the complaint;
- C. City ADA Coordinator will issue a file number, assist with resolution, if necessary, and maintain records of all complaints filed.

Department: _____

Complaint Received By: _____ Phone No. _____

Department Action Taken: _____

Referred for Resolution To: _____ Date: _____

Final Resolution: _____ Date: _____

Complainant Notified by: Phone _____ Letter _____ Person _____
Date: _____ By Whom: _____

ADA Liaison Signature: _____
Phone No.: _____ Fax No.: _____ Date: _____