City of El Centro
Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Grievance Form

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

1. Complainant: ____________________________________________________________
   Address: __________________________________________________________________
   City, State and Zip Code: __________________________________________________
   Telephone: Home: __________________ Business: ____________________________

2. Person Discriminated Against: (if other than the complainant): _______________
   Address: __________________________________________________________________
   City, State, and Zip Code: __________________________________________________
   Telephone: Home: __________________ Business: ____________________________

3. Department or person which you believe has discriminated (if known):
   Name: ___________________________________________________________________
   Address: __________________________________________________________________
   City, State and Zip Code: __________________________________________________
   Telephone Number: __________________________
   When did the discrimination occur? Date: ____________________________

4. Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:
   _________________________________________________________________________
   _________________________________________________________________________
   _________________________________________________________________________

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?
   _________________________________________________________________________
   _________________________________________________________________________

6/27/2019
6. Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes______ No______
If yes:
Agency or Court: ____________________________________________________________
Contact Person: ____________________________________________________________
Address: __________________________________________________________________
City, State, and Zip Code: __________________________________________________________________
Telephone Number: __________________________________ Date Filed: ________________

7. Do you intend to file with another agency or court? Yes______ No______
Agency or Court: ____________________________________________________________
Street Address: __________________________________________________________________
City, State and Zip Code: __________________________________________________________________
Telephone Number: __________________________________

8. Additional comments or information:
___________________________________________________________________________________________
___________________________________________________________________________________________

Signature: ______________________________ Date: _______________

Return to:

Frank Soto, ADA Coordinator
City of El Centro
1275 W. Main St.
El Centro, CA 92243
fsoto@cityofelcentro.org
Phone: (760) 337-4508
TTY: State relay at 7-1-1

6/27/2019