

City of Lomita

**Americans with Disabilities Act and
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 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.

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. 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:

Attn: Deborah Dixon
ADA Coordinator
P.O. Box 339, Lomita, CA 90717
d.dixon@lomitacity.com
(310) 325-7110, x151
California Relay Service: dial 711

REFERENCES

Americans with Disabilities Act Title II Regulations, Department of Justice 28 CFR Part 35 §35.107