



Public Works Department

390 Towne Centre Dr. - Lathrop, CA 95330

Phone (209) 941-7430 - fax (209) 941-7449

www.ci.lathrop.ca.us

City of Lathrop ADA (American Disabilities Act) Grievance Form

Please fill out this form completely, in black ink or type. If you need any accommodations or assistance in completing this form, please contact the ADA coordinator, Carlos Carrillo (ccarrillo@ci.lathrop.ca.us) at 209-941-7430. Sign and return to: City of Lathrop City Hall 390 Towne Centre Dr. Lathrop, CA 95330

Section I – Grievance Description

Date of Alleged Incident (Month, Day, Year): _____

Contact Name: _____ Contact Title: _____

Agency Name: _____ Phone: _____

Description of Grievance /Discrimination:

Section II – Complainant Information

Complainant Name: _____

Street Address: _____

City: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Preferred Method of Communication: Mail Email Phone

Section III - Completed by

Are you filling this complaint out on your own behalf? Yes No

If No, please supply the name and relationship of the person for whom you are complaining:

First and last name of person for whom you are filling: _____

Relationship of the person for whom you are filling : _____

Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the

Aggrieved party, if you are filing on behalf of a third party. Yes No

Section IV - Previous

Have you previously filled an ADA complaint with this agency? Yes No

Note: Please attach any written or other information to this form that may be relevant to your complaint

Signature: _____ Date: _____