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 as indicated on this form.

1. Complaintant:_____

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: **City of West Covina**
Attn: Helen Tran, Director of Human Resources/Risk Management
ADA/504 Coordinator
1444 West Garvey Avenue
West Covina, CA 91790
HTran@westcovina.org
Phone: 626-939-8450
California Relay Service: dial 711