

**City of Glendale
ADA Complaint Form**

Title II and III of the Americans with Disabilities Act of 1990 (ADA) provides that no person with a disability shall be discriminated against in connection with the provision of transportation service receiving federal financial assistance.

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to City of Glendale, Department of Community Development, Transit Section, 633 E. Broadway, Room 300, Glendale, CA 91206

1. Complainant's Name _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone (home): _____ (cell): _____
Email: _____

2. Person discriminated against (if someone other than the complainant):
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone (home): _____ (cell): _____
Email: _____

3. What date did the alleged discrimination take place?

4. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

