CITY OF GLENDALE AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE FORM

Please type or print in black or blue ink and return completed form to:

Shea Eccleston
City of Glendale ADA Coordinator
633 E Broadway, Room 209
Glendale, CA 91206
818-548-3900

Today’s Date ____________________________

Name of person filing this grievance ________________________________

Grievant’s Address ______________________________________________

Telephone Number ____________________________

Fax ____________________________ Email ____________________________

Name of the person discriminated against, if other than the person filing the grievance:

_________________________________________________________________

Address _______________________________________________________

Telephone Number ______________________________________________

DISABILITY STATEMENT

My disability is:

_________________________________________________________________

Is there an associated physical or mental impairment related to this grievance?

____ Yes  ____ No  If yes, please describe the impairment.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

What is the duration of your impairment?

_________________________________________________________________
Describe how the impairment affects your daily life activities.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

DESCRIPTON OF GRIEVANCE

This grievance relates to a City of Glendale: [Check the appropriate box(es)]

☐ Service ☐ Activity ☐ Program ☐ Benefit ☐ Practice ☐ Policy

Provide the date(s) the incident occurred.

________________________________________________________________________

Which City Department, if any, is alleged by you to have discriminated?

City Department __________________________________________________________________

Location of Incident __________________________________________________________________

Identify the names of all City of Glendale agents, representatives or employees, if any, who you contend were involved.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Give a brief description of the incident which is the basis of your grievance. Include the identity of the service, activity, program, or benefit, to which you believe your access was denied or any other manner you claim you have been subjected to discrimination. Please also provide in your description specific dates, times and places, as well as the names, and contact information of any and all persons who may have witnessed or been involved in the act or basis of your grievance.

________________________________________________________________________

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________________________________________________________________________
Attached is a copy of the City of Glendale’s ADA Grievance Procedure.