

CITY OF ARTESIA

18747 CLARKDALE AVE ARTESIA, CA 90701

**AMERICANS WITH DISABILITIES ACT
GRIEVANCE FORM**

Please fill out this form completely in blue or black ink or type. Sign, date and return to: **Ericka Jackson, ADA Coordinator, 18747 Clarkdale Ave Artesia, CA 90701.** (Attach additional sheets as necessary.)

GRIEVANT'S NAME: _____ TODAY'S DATE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: _____

IF A LEGALLY AUTHORIZED REPRESENTATIVE IS FILING THE GRIEVANCE ON YOUR BEHALF, HIS/HER NAME, ADDRESS AND TELEPHONE NUMBER MUST ALSO BE INCLUDED.

REPRESENTATIVE'S NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION/ADDRESS OF INCIDENT: _____

DESCRIBE YOUR GRIEVANCE: _____

IF THE INCIDENT (S) INVOLVED CITY OF ARTESIA EMPLOYEE(S), LIST THEIR NAME(S): _____

NAME(S) AND CONTACT INFORMATION OF WITNESSES: _____

IF YOUR GRIEVANCE IS BEING FILED ON BEHALF OF ANOTHER PERSON OR GROUP, ALL OF THE GRIEVANT(S) SHOULD BE DESCRIBED OR IDENTIFIED BY NAME, IF POSSIBLE:

PERSON/GROUP NAME: _____

STATE REQUESTED REMEDY TO YOUR GRIEVANCE: _____

GRIEVANT'S SIGNATURE

DATE

LEGALLY AUTHORIZED REPRESENTATIVE SIGNATURE

DATE