



CITY OF
FOLSOM
DISTINCTIVE BY NATURE

ADA Grievance Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Please provide a complete description of your grievance:

Please specify the location of your grievance:

Please state what you think should be done to resolve the grievance:

Please attach additional pages or photo(s) as needed.

Signature: _____ Date: _____

Please return to:

ADA Coordinator's mailing address and/or such info as necessary.

Upon request, reasonable accommodation will be provided in completing this form.
Contact Elaine Andersen, ADA Coordinator, (916) 351-3315 or go to a location listed in the procedure section.