



City of Riverbank
Title II of the American Disabilities Act
Section 504 of the Rehabilitation Act of 1973



FORMAL WRITTEN COMPLAINT

Please type or print legibly.

Reporting Individual:

Date of Request:

Address:

City, State and Zip:

Telephone Number:

Business Phone:

Other Contact Information:

If person needing accommodation is not the individual completing this form, please enter:

Name:

Telephone Number:

Other Contact Information:

Program/Facility Alleged to be Inaccessible:

When did the situation occur (date)?

Describe the situation or way in which the program is not accessible, providing the name(s) where possible of the individuals who were involved in the situation, and any documentation or photographs supporting the incident:

Have efforts been made to the resolve this complaint through the Request for Accommodation with the ADA Coordinator? Yes No

If yes, what were the results?

How do you suggest this issue be remedied?

Signature: _____

Date: _____

Please send the completed form to:

City of Riverbank
Development Services Department
6707 Third Street
Riverbank, CA 95367
Ph: (209) 863-7127
Fax: (209) 869-1849