

Attachment 2

**CITY OF SANTA BARBARA
GRIEVANCE FORM
COMPLAINT OF ACCESS VIOLATION OR DISCRIMINATION
ON THE BASIS OF DISABILITY**

The City will make every reasonable effort to ensure that confidentiality is maintained throughout the complaint and investigation process, to the extent consistent with the law, adequate investigation, and appropriate corrective action. This means that the City will share any sensitive information you provide here only on a need-to-know basis.

Individual identifying access violation or discrimination

Name	
Address	
Telephone	

Authorized representative of individual above (if any)

Name	
Address	
Telephone	

1. Please describe the City of Santa Barbara's alleged violation of access requirements, or discriminatory action, in enough detail so that the nature of your grievance can be clearly understood. Add additional pages if necessary:

2. Please give the date(s), time(s) and location(s) of the incident(s) or observation(s) you are reporting:

3. If the incident involves a City of Santa Barbara employee(s) please provide his or her name(s), if known:

4. If the grievance involves physical access to a City of Santa Barbara public facility, land, or right-of-way, please provide the specific address(s) of those locations, if known:

5. Please give the name(s) and address(es), if known, of any witnesses to the access violation or alleged discrimination:

6. If this complaint is filed on behalf of a second person, or on behalf of a group of people, please provide the names and addresses of all of the grievants, if possible:

7. What action do you want taken to correct the alleged access violation or discrimination?

8. Is there any other information you want the City to know concerning your grievance?

Signature:

Date:

Signature of (check one)

- Observer of alleged access violation
- Victim of alleged discrimination
- Authorized representative

Submit this form to the appropriate department head, or to the ADA Coordinator in the Public Works Department. List included as Attachment 1 to the ADA GRIEVANCE PROCEDURE.