

**AMERICANS WITH DISABILITIES ACT
GRIEVANCE COMPLAINT FORM¹**

**CITY OF RANCHO MIRAGE
RANCHO MIRAGE REDEVELOPMENT SUCCESSOR AGENCY
RANCHO MIRAGE HOUSING AUTHORITY
RANCHO MIRAGE LIBRARY**

The City of Rancho Mirage and its affiliated agencies including but not limited to the Rancho Mirage Redevelopment Successor Agency, Rancho Mirage Housing Authority and Rancho Mirage Library (collectively referred to as the (“City”) is committed to providing equal access for people with disabilities to take part in and benefit from any programs, services and activities provided by the City.

The purpose of this Grievance Complaint Form is to ensure that the City promptly addresses any programs, concerns, complaints or conflicts related to Americans with Disabilities Act (“ADA”) compliance.

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

**Britt W. Wilson, ADA/504 Coordinator
City of Rancho Mirage
69-825 Highway 111
Rancho Mirage, California 92270
Telephone: (760) 324-4511
Facsimile: (760) 324-8830
California Relay Service 7-1-1 (for TTY users)
Email Address: adacoordinator@ranchomirageca.gov**

Complainant	Name	
	Address	
	Telephone	
	Facsimile	
	Email Address	
Authorized Representative, if any	Name	
	Address	
	Telephone	
	Facsimile	
	Email Address	

1. Please describe the alleged incident or access violation in detail. Attach additional pages if necessary.

¹ In lieu of this Grievance Complaint form, complaints may be submitted in alternate formats to the ADA Coordinator to accommodate any complainant who is a qualified person or persons with a disability.

2. Please give the date(2), time(s) and location(s) of the alleged incident(s) or observation(s) of access violation(s):

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

4. Please provide the name and contact information, if known, of any witnesses to the alleged incident or access violation:

5. If this complaint is filed on behalf of another person or group of people, please provide the names and contact information of all the complainants, if possible:

6. Please specify the remedy or action you seek to correct and/or resolve the alleged incident or access violation:

7. Please provide any other relevant information regarding your grievance complaint.

SIGNATURE: _____

NAME: _____

DATE: _____