

ADA Grievance Form



COMPLAINANT'S INFORMATION

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), the Southern California Association of Governments (SCAG) shall not discriminate against qualified individuals with disabilities on the basis of disability in its programs, services, or activities. SCAG's ADA Coordinator is available to disabled persons requiring assistance to file a grievance. A written grievance should be completed using this ADA Grievance Form. The completed ADA Grievance Form should be submitted to:

James Ramirez, ADA Coordinator
900 Wilshire Blvd., Ste. 1700
Los Angeles, CA 90017

TODAY'S DATE

COMPLAINANT'S FULL LEGAL NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL

LEGAL NAME OF INDIVIDUAL DISCRIMINATED AGAINST (IF DIFFERENT THAN COMPLAINANT)

ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL

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ALLEGED VIOLATION

DATE OF OCCURENCE

DESCRIPTION OF VIOLATION AND SCAG DEPARTMENT INVOLVED

Access issues generally fall into one of three categories, please indicate which category best describes your issue.

Physical/Architectural Access

Is the issue related to a physical barrier, for example, a wheelchair ramp is needed, counters are too high for wheelchair users, missing braille signage, etc.

Programmatic Access

Is the issue related to being able to participate in a program, service or activity. For example, is there a City policy, practice, and/or procedure that you allege does not provide an equally effective opportunity for persons with disabilities to participate in or benefit from the City's programs and services.

Communication Access

Is the issue related to communication, for example do you need auxiliary aids and services, a sign language interpreter, Communication Access Real-Time Translation (CART) materials in alternative formats in order to have equal access to information and communication with a City Department's programs, services or activities.

REQUESTED ACTION BY SCAG TO CORRECT VIOLATION

HAS COMPLAINT BEEN FILED WITH
STATE OR FEDERAL AGENCY?

YES

NO

NAME OF AGENCY

DATE FILED

AGENCY'S CONTACT PERSON

SIGNATURE OF COMPLAINANT

DATE SIGNED