City of Paramount

Americans with Disabilities Act and
Section 504 of the Rehabilitation Act of 1973
Grievance Form

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address below by email, fax, mail, or in person. If you need an accommodation to complete or submit this form, please contact the ADA Coordinator.

1. Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Business: _____

2. Contact Person: (if other than the complainant): _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____ Business: _____

3. Describe the complainant:

_____

_____

_____

_____

4. Witnesses (if any):

_____

_____

_____

Signature: _____ Date: _____

Return to:
Attn:

Nicole Lopez, ADA/504 Coordinator, City of Paramount 16400
Colorado Avenue, Paramount, CA 90723
Nlopez@paramountcity.com
Phone: (562) 220-2027
California Relay Service 7-1-1 (for TTY users)

REFERENCES:

Americans with Disabilities Act Title II Regulations, Department of Justice 28 CFR Part 35 § 35.107