



**CITY OF LAGUNA NIGUEL**  
**Americans with Disabilities Act**  
**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 on the last page by email, fax, mail or in person. If you need an accommodation to complete or submit this form, please contact the ADA/504 Coordinator as indicated on this form.

1. Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

2. Person Discriminated Against (if other than the complainant): \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

3. Department or person which you believe has discriminated (if known):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

When did the discrimination occur? Date: \_\_\_\_\_

4. Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:

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5. Have efforts been made to resolve this complaint? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: what efforts have been taken and what is the status of the grievance?

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6. Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:

Agency or Court: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

7. Do you intend to file with another agency or court? Yes \_\_\_\_\_ No \_\_\_\_\_

Agency or Court: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

8. Additional comments or information:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:  
**Favian J. Bravo**  
**ADA/504 Coordinator**  
**30111 Crown Valley Parkway, Laguna Niguel, California 92677**  
**[info-In@cityoflaguneniguel.org](mailto:info-In@cityoflaguneniguel.org)**  
**(949) 362-4348**  
**California Relay Service: dial 7-1-1**

References:

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