

**Appendix G: Grievance Form**

**CITY OF LOS ALTOS  
ADA DISABILITY ACCESS or TITLE 24 ACCESSIBILITY  
COMPLAINT FORM**

**Please enter the following information:**

Date Filed:

Type (Check One)

- Program Access
- Physical Access
- Employment Discrimination
- Other (Describe):

Complainant Name:

Telephone Number: (    )

Address (Optional):

E-Mail (Optional):

Location of Alleged Violation:

Complaint Description:

---

**(Official Use Only)**

Received by:

Complaint File Number:

Property or Facility Owner:

Owner's Address:

Date Inspected:

By:

Notice Provided to Owner:

Yes

No

Comments:

Date Referred:

To:

Date Abated:

By: