

**CITY OF GLENDALE AMERICANS WITH  
DISABILITIES ACT (ADA) GRIEVANCE FORM**

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

Shea Eccleston  
City of Glendale ADA Coordinator  
633 E Broadway, Room 209  
Glendale, CA 91206  
818-548-3900

Today's Date \_\_\_\_\_

Name of person filing this grievance \_\_\_\_\_

Grievant's Address \_\_\_\_\_

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

Fax \_\_\_\_\_ Email \_\_\_\_\_

Name of the person discriminated against, if other than the person filing the grievance:

\_\_\_\_\_

Address \_\_\_\_\_

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

**DISABILITY STATEMENT**

My disability is:

\_\_\_\_\_

Is there an associated physical or mental impairment related to this grievance?

\_\_\_ Yes \_\_\_ No      If yes, please describe the impairment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the duration of your impairment?

\_\_\_\_\_

Describe how the impairment affects your daily life activities.

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**DESCRIPTION OF GRIEVANCE**

This grievance relates to a City of Glendale: [Check the appropriate box(es)]

Service     Activity     Program     Benefit     Practice     Policy

Provide the date(s) the incident occurred.

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Which City Department, if any, is alleged by you to have discriminated?

City Department \_\_\_\_\_

Location of Incident \_\_\_\_\_

Identify the names of all City of Glendale agents, representatives or employees, if any, who you contend were involved.

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Give a brief description of the incident which is the basis of your grievance. Include the identity of the service, activity, program, or benefit, to which you believe your access was denied or any other manner you claim you have been subjected to discrimination. Please also provide in your description specific dates, times and places, as well as the names, and contact information of any and all persons who may have witnessed or been involved in the act or basis of your grievance.

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