



Americans with Disabilities Act (ADA) Title II / Civil Rights Act Title VI, Public Access to Services and Facilities Complaint Form

Name:

Mailing Address:

City:

State:

Zip Code:

Phone: (home)

(cell)

(work)

Email Address:

Designated person to contact on my behalf (if needed):

Name:

Phone:

Date you experienced discrimination:

Facility Location:

Please describe the discriminatory action that occurred: (e.g., unable to get access to a program due to a physical barrier, etc.)

Please indicate a suggested remedy: (e.g., changes to procedures, equipment, etc.)

Completed By Signature:

Date:

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the Program Access Coordinator at the address following address Risk Management, 44 North San Joaquin Street, Suite 330, Stockton, CA 95202. Alternatively, via telephone by calling (209) 468-3373, or call TTY (209) 468-0750.