

Grievance – Complaint Form

Town of Apple Valley – A.D.A. (Americans with Disabilities Act Complaint / Grievance Form

Complainant: _____

Person Preparing Complaint (if different from Complainant): _____

Relationship to Complainant (if different from Complainant): _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Please provide a complete description of the specific complaint or grievance: _____

Please specify any location(s) related to the complaint or grievance (if applicable): _____

Please state what you think should be done to resolve the complaint or grievance: _____

Please attach additional pages as needed.

Please do not contact me personally.

Signature: _____ Date: _____

Return to Town of Apple Valley, ADA Program Coordinator, 14955 Dale Evans Parkway,
Apple Valley, California 92307

Upon request, reasonable accommodation will be provided in completing this form, or
copies of the form will be provided in alternative formats. Contact the A.D.A. Coordinator at
the address listed above, via telephone at (760) 240-7000, fax (760) 961-6240, email:
ada@applevalley.org TTY (760) 240-7706.