



**ADA Complaint / Grievance Form
City of Turlock**

Complainant: _____

Person Preparing Complaint (if different from Complainant): _____

Relationship to Complainant (if different from Complainant): _____

Street Address & Apt. No.: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____

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:
City of Turlock
ADA Coordinator
c/o Development Services Department
156 S. Broadway, Suite 150
Turlock, CA 95380**

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 listed above. Telephone (209) 668-5520.