

**City of Santa Rosa**  
Title II of the American with Disabilities Act  
Section 504 of the Rehabilitation Act of 1973



**FORMAL WRITTEN COMPLAINT**

*Please type or print legibly.*

Reporting Individual:

Date of request:

Address:

City, State and Zip:

Telephone Number:

Business Phone:

Other Contact Information:

If person needing accommodation is not the individual completing this form, please enter:

Name:

Telephone Number:

Other Contact Information:

Program/Facility Alleged to be Inaccessible:

When did the situation occur (date)?

Describe the situation or way in which the program is not accessible, providing the name(s) where possible of the individuals who were involved in the situation, and any documentation or photographs supporting the incident:

Have efforts been made to resolve this complaint through the Request for Accommodation with the ADA Coordinator?  Yes  No

If yes, what were the results?

How do you suggest this issue be remedied?

Signature:

Date:

.....  
Please send the completed form to:

**Rebecca West**  
ADA Coordinator  
City of Santa Rosa  
100 Santa Rosa Avenue, Room 1  
Santa Rosa, CA 95404  
(707) 543-3036 / FAX (707) 543-3035 / [ada@srcity.org](mailto:ada@srcity.org)