

CITY OF LAKE FOREST
TITLE II OF THE AMERICANS WITH DISABILITIES ACT
GRIEVANCE FORM

Instructions: Please fill out this form completely in black ink or type. Sign and return to ADA Coordinator, ATTN: Shelly Cisneros, Human Resources Manager, 25550 Commercentre Drive, Suite 100, Lake Forest, CA 92630. This form is optional and provided for your convenience.

Today's Date: _____
Grievant Name: _____
Address: _____
Email Address: _____
Telephone: _____ Work: _____ Cell: _____

If a legally authorized representative is filing the grievance on your behalf, his/her name, address and telephone number must also be included:

Name: _____
Address: _____
Email Address: _____
Telephone: _____ Work: _____ Cell: _____

Date of Incident: _____ Time of Incident: _____

Location or address of incident: _____

Describe your grievance: _____

If the incident(s) involved a City of Lake Forest employee(s), his/her name(s): _____

The name(s) and contact information of witnesses: _____

If your grievance is being filed on behalf of another person or a group of people, all of the grievant(s) should be described or identified by name, if possible.

State your requested remedy to your grievance: _____

Grievant: _____ Date: _____

Legally Authorized Representative: _____ Date: _____