



## Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973

### Grievance Form

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on last page by email, fax, mail or in person. If you need accommodation to complete or submit this form, please contact the ADA/Section 504 Coordinator as indicated on this form.

#### Details

1. Complainant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

2. Person Discriminated Against: (if other than the complainant):  
\_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

3. Department or person which you believe has discriminated (if known):  
\_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
When did the discrimination occur? Date: \_\_\_\_\_

4. Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have efforts been made to resolve this complaint?  
 Yes  
 No

If yes: what efforts have been taken and what is the status of grievance?  
\_\_\_\_\_  
\_\_\_\_\_

6. Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes

No

If yes:

Agency or Court: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

7. Do you intend to file with another agency or court?

Yes

No

Agency or Court: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

8. Additional comments or information:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return to:

Corey Torres

ADA/Section 504 Coordinator

Tehachapi Valley Recreation and Park District 490 West "D" Street, Tehachapi, CA 93561

Email: c.torres@tvrpd.org

Phone: (661) 822-3228

FAX: (661) 823-8529