



CITY OF FAIRFIELD

Title II of the American with Disabilities Act Section 504
of the Rehabilitation Act of 1973

FORMAL WRITTEN COMPLAINT FOR ACCOMMODATION OR BARRIER REMOVAL

Name of Person Making Complaint: _____

Address: _____

City, State, and Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

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

Name of Person Making Complaint: _____

Home Phone: _____ Cell Phone: _____

ACCOMMODATION or BARRIER REMOVAL (please circle one)

Accommodation needed or location of barrier: _____

If a Request for Accommodation or Barrier Removal was filed, please provide:

Date request was filed: _____

Were you contacted after filing your request: Yes: _____ No: _____

If yes, was the resolution satisfactory to you? Yes: _____ No: _____

If no, please state why: _____

Brief statement of why the accommodation is needed or the barrier removed: _____

Date accommodation is needed: _____

Signature: _____ Date: _____

Please give the completed form to the department where accommodation is needed or send to:

City of Fairfield

FAST

Attn: April Cobb, ADA Coordinator

2000 Cadenasso Drive, Fairfield, CA 94533

Phone: (707) 434-3800 FAX: (707) 426-3298

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