



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: Tiffany Plater, ADA Coordinator

2000 Cadenasso Drive, Fairfield, CA 94533

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

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