TOWN OF CORTE MADERA

ADA POLICY

POLICY ON REPORTING AND RESOLVING AMERICANS WITH DISABILITIES ACT (ADA)-RELATED
GRIEVANCES AND ACCESSIBILITY COMPLAINTS WITHIN THE TOWN

ADA GRIEVANCE AND ACCESSIBILITY COMPLAINT FORM

Notes:

1. *Please refer to the attached instructions when completing this form.*
2. *Please write legibly in pen (not pencil) or type the response.*
3. *If you are the proxy or filling this form on behalf of another individual, please indicate in Section III of the form.*
4. *If you need assistance in completing this form, please contact the Corte Madera Building Official at (415) 927-5046.*

Section I. Type of Grievance or Complaint

1. ☐ Sidewalk
2. ☐ Curb ramp
3. ☐ Traffic control and devices
4. ☐ Parks and recreational facilities
5. ☐ Town's services
6. ☐ Town's activities
7. ☐ Parking
8. ☐ Other _____

Section II. Complainant Information

A. Name: _____

B. Address: _____
_____
_____

C. Telephone: _____

D. Email: _____

Section III. Association/Group or Proxy Information

☐ Association/Group
☐ Proxy (Individual)

A. Name: _____

B. Address: _____
_____
_____

E. Telephone: _____

F. Email: _____

Section IV. Nature and/or description of Grievance or Complaint

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Section V. Sketch or Location of Complaint

Section VI. Recommendation by Complainant

Section VII. Signature and Date

_____ _____