



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) 927-5062.*
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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
