

**City of Clovis**  
Title I and Title II of the American with Disabilities Act  
Section 504 of the Rehabilitation Act of 1973



**FORMAL WRITTEN COMPLAINT**

*Please type or print legibly.*

Reporting Individual:

Date of request:

Address:

City, State and Zip:

Telephone Number:

Business Phone:

Other Contact Information:

If person alleging discrimination or requesting accommodation is not the individual completing this form, please enter:

Name:

Telephone Number:

Other Contact Information:

Program/Service/Activity/Facility Alleged to be Inaccessible:

When and where did the situation occur (date and specific location)?

Describe the situation or way in which the program/service/activity/facility is not accessible, providing the name(s) where possible of the individuals who were involved in the situation along with any documentation, photographs or witness statements supporting the complaint:

Employment Discrimination

Describe the alleged discrimination, providing the name(s) where possible of the individuals involved in the situation along with any documentation supporting the complaint.

Request for Reasonable Accommodation:

Identify the requested reasonable accommodation, providing documentation of the employee or applicant's condition, functional limitations and the need for reasonable accommodation.

Signature:

Date:

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**Please send the completed form to:** Andrew Haussler, ADA Coordinator, 1033 Fifth Street, Clovis, CA 93612, (559)324-2060, FAX – (559)324-2840, andrewh@cityofclovis.com