



## ADA TITLE II GRIEVANCE PROCEDURE COMPLAINT FORM

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If you believe that you were denied access to a City facility, program or service due to a disability, please contact:

City of Cotati Community Development Department  
Cotati, CA 94931  
Phone: 707-665-3636  
Email: [cduncan@cotaticity.gov](mailto:cduncan@cotaticity.gov)

You can file a grievance by mail, e-mail or in person using the contact information above.  
The ADA designee will contact you to discuss the complaint within 7 days of receipt.

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### **Contact Information**

\_\_\_\_\_  
Reporting Individual

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

### **Accessibility Issue**

\_\_\_\_\_  
Facility, Program or Service alleged to be inaccessible

\_\_\_\_\_  
When did the situation occur (date)?

\_\_\_\_\_  
Name of staff

City of Cotati

ADA Title II – Grievance Procedure Complaint Form

Describe the situation or way in which the facility, program or service is not accessible:

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Have you made efforts to resolve this issue directly with staff of facility, program or service?    Yes    No    If yes, what were the results?

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How do you suggest this issue be resolved?

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date