



**CITY OF SEBASTOPOL  
ADA TITLE II  
GRIEVANCE PROCEDURE COMPLAINT FORM**

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

ADA Coordinator  
City of Sebastopol  
Building Department  
7425 Bodega Avenue  
Sebastopol CA 95472  
Phone: 707-823-8597 Fax: 707-823-4703  
Email: [gschainblatt@cityofsebastopol.org](mailto:gschainblatt@cityofsebastopol.org)

You can file a grievance by mail, fax, e-mail or in person using the contact information above.

The ADA designee will contact you to discuss the complaint within 15 days of receipt.

**Contact Information**

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

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred method of contact \_\_\_\_\_ Other contact information \_\_\_\_\_

**Accessibility Issue**

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

When did the situation occur (date)? \_\_\_\_\_ Name of staff \_\_\_\_\_

City of Sebastopol

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 Submitted