



TITLE II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973

Request for Accommodation/Grievance Form

Instructions: Please fill out this form completely, using black ink or typing. Sign and send it to the address at the bottom of the page. This form is available in alternate formats by requests.

Reporting Individual	
Name and Address:	
City, State, Zip Code:	
Telephone:	Home: _____ Business: _____
Service, Program or Facility Alleged to Be Inaccessible	
Name of Service/Program or Facility:	
Address:	
City, State, Zip Code:	
Telephone Number:	
Date:	
Describe the way in which the service, program, or facility is not accessible. (Please use other attachments as necessary).	
Action Taken (for Office Use)	
Signature of Reporting Individual:	

Please mail to: ADA Compliance Officer, City of Daly City
333 90th Street, Daly City, CA 94015

For Office Use:
File No: _____

Date Received: _____ Received By: _____