

**SOLANO COUNTY AMERICANS
WITH DISABILITIES ACT (ADA)
PUBLIC ACCESS COMPLAINT FORM**



B-7 Public Access under the ADA, Title II
Attachment A
Revision Date: 12/12/2017
Page: 1 of 2

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the Director of General Services-ADA Coordinator, Department of General Services, 675 Texas Street, Suite 2500, Fairfield, CA 94533.

Complainant: _____

Address: _____

City, State & Zip: _____

Home Phone: _____

Business Phone: _____

Person Discriminated Against: (if other than the complainant)

Name: _____

Address: _____

City, State & Zip: _____

Home Phone: _____

Business Phone: _____

Government, organization, or institution that you are bringing forth the complaint against:

Name: _____

Address: _____

City, State & Zip: _____

County: _____

Business Phone: _____

Public Access Complaint:

Date of Incident: _____

Please describe the details of your complaint (use additional pages if necessary):

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Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution? Yes No

If Yes, what is the status of the grievance? _____

Has the complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes No

If yes:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State & Zip: _____

County: _____

Phone Number: _____

Date Filed: _____

Do you intend to file with another agency or court? Yes No

Agency or Court: _____

Address: _____

City, State & Zip: _____

County: _____

Phone Number: _____

Signature: _____ Date: _____