CITY OF BEVERLY HILLS

AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

Instructions: Please complete this form, and submit it to: Pamela Mottice Muller, ADA Coordinator, City of Beverly Hills Policy & Management Department, 455 N. Rexford Drive, Beverly Hills, California 90210; or email: pmottice@beverlyhills.org. Attach additional sheets as necessary. Upon request, reasonable accommodations will be provided in completing the Grievance Form, or alternative formats of the form will be provided. Questions should be submitted to the ADA Coordinator, at the address or email address above or by calling: (310) 285-1014 (Voice); (310) 285-6881 (TTY).

1. Grievant Information

   Today’s Date: ________________________________
   a. Grievant Name: ____________________________________________
   b. Address: __________________________________________________
   c. Telephone: __________  Work: __________  Mobile: __________
   d. Email (optional): ________________________________

2. If your authorized representative is submitting the grievance on your behalf, please provide all of the following information about your representative.

   a. Representative’s Name: _________________________________________
   b. Address: _____________________________________________________
   c. Telephone: __________  Work: __________  Mobile: __________
   d. Email (optional): _____________________________________________

3. Please describe your grievance by completing the sections below.

   This grievance relates to a City of Beverly Hills: [Check the appropriate box(es)]
   □ Barrier  □ Service  □ Activity  □ Program  □ Benefit  □ Practice  □ Policy

   Provide a description the grievance including date(s) as applicable:

Which City Department, if known, appears to be responsible for your grievance?

City Department: ________________________________________________

Location: ________________________________________________________
4. Please provide the names and contact information of any witnesses or participants to the incident, if applicable.

5. Please explain what action or remedy you would like the City to take in response to your grievance.

Date: ___________  Grievant Signature: ____________________________________________________________

Date: ___________  Authorized Representative Signature: ____________________________________________

FOR OFFICIAL USE ONLY (send completed form to ADA Coordinator immediately)

Action taken to address grievance:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Feedback to requesting party (date and details):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________