

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: _____

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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):
