



ADA Accommodation, Comments & Questions Form

For Non-Emergency Purposes

Americans with Disabilities Act (ADA) and Title 24 Disability Access

Grievance & Complaints Form

Person Responsible for Request

Contact Person for Requesting Party

Street Address & Apt. No.: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

E-mail: _____

Circle preferred Method of Contact (US Mail, telephone, e-mail, other)

Please do not contact me personally (see contact-person information above).

Please specify address and location(s) related to the request:

Please provide a complete description of the specific grievance or complaint:

Please attach additional pages, photographs, sketches, or other information, as necessary.

Signature: _____ Date: _____

RETURN THIS FORM TO:

Jorge Caballero
City of Perris
ADA Coordinator
135 N. "D" Street
Perris, CA 92570
jcaballero@cityofperris.org

Upon request, reasonable accommodation will be provided to assist in completing this form.

Contact the ADA Coordinator at the address listed or via telephone at 951.943.5003 or e-mail at jcaballero@cityofperris.org