



CITY OF MOUNTAIN VIEW ADA GRIEVANCE FORM

In accordance with the requirements of the Americans with Disabilities Act (ADA) of 1990, the City of Mountain View will not discriminate against individuals on the basis of disability within the City's services, programs, facilities, or activities.

Completed Grievance Forms must be mailed or delivered to the City Manager's Office at **500 Castro Street, P.O. Box 7540, Mountain View, California, 94039-7540**. If an accommodation is needed in order to submit the requested information, please call the City Manager's Office at 650-903-6301 to determine an appropriate alternative method for filing the complaint.

Full Legal Name: _____

Address: _____
 Number/Street Apt. No. City State Zip

Home/Cell Phone: _____

Business Phone: _____

E-mail: _____

Date of Incident: _____

Time of Incident: _____ A.M. P.M.

Description of the alleged discriminatory service, program, facility, or activity:

Name(s) of involved City staff, if any:

