

## Standards Accommodation and Complaint/Grievance form Americans with Disabilities Act (ADA) and Title 24 Disability Access

**Check One:**  Accommodation (Initial Request)  Complaint/Grievance (Follow-up Request)

\_\_\_\_\_  
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 any location(s) related to the request:

\_\_\_\_\_  
\_\_\_\_\_

Please provide a complete description of the specific request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

**RETURN THIS FORM TO:**

City of Moreno Valley  
ADA Coordinator  
14177 Frederick Street  
P.O. Box 88005  
Moreno Valley, CA 92552-0805

Upon request, reasonable accommodation will be provided to assist in completing this form or copies of the form will be provided in alternative formats.

Contact the ADA Coordinator at the address listed below or via telephone (951) 413-3120 .