

City of La Puente ADA Grievance Form

You can fill in this form on a computer or print it.

Today's date:

Complainant

Complainant name:

Address:

City, state, ZIP:

Telephone and e-mail:

Individual discriminated against

Name:

Address:

City, state, ZIP:

Telephone and e-mail:

Alleged violation

Date(s) of occurrence:

Description of violation and City department involved:

Requested action by City to correct violation:

Other agencies

Has a complaint been filed with a State or Federal agency? ☐ Yes ☐ No

Name of agency: Date filed:

Contact person:

Signature

Signature: