

ADA COMPLAINT NOTIFICATION FORM

Instructions: Please fill out this form in its entirety. Name and contact information must be provided. Please note that this ADA complaint notification procedure is for facilities (including rights-of-way), services and programs owned and/or operated by the City of Antioch.

Sign and return the completed form as follows:

By Mail: ADA Plan Coordinator
ATTN: Public Works Director/City Engineer
1201 W 4th Street,
Antioch, CA 94531

By Phone: (925) 779-6950

By Fax: (925) 779-6897

By Email: publicworks@ci.antioch.ca.us

Questions: If you have questions about this form, need an accommodation or a require a different format, please contact the Public Works Administrative office at (925) 779-6950 Ext. 0 or send an email (see above).

Response: Please allow us 30 business days to investigate and respond to your complaint.

NOTIFICATION INFORMATION

Complainant's name: _____ **Age:** _____

Race: _____ **Sex:** _____ **N. Origin:** _____ **Color:** _____ **Disability:** _____

Address: _____
Street Address **City:** **State:** **Zip:**

Contact numbers: _____
Home **Work** **Mobile**

Email address (if available): _____

Do you require an alternative format for any written follow-up communications: *(If yes, please indicate alternative format)*

Do you believe that you have been discriminated against? Please document the issue or reason for your grievance/complaint. Be specific and provide as much information as possible (i.e. location, date, time, names, etc.). *Use a separate sheet if more space is needed.*

Important: You may also submit comments, make recommendations or file an ADA complaint via the City's Comment Form at <https://www.antiochca.government-forms/general-comments/> or email, publicworks@ci.antioch.ca.us.