

City of Novato

GRIEVANCE FORM

For Compliance Relating to Discrimination
On the Basis of a Disability

Name of Grievant: _____

Mailing Address: _____

City: _____ Zip Code _____

Work Phone: _____ Home Phone: _____ Email Address: _____

Nature of grievance: (Please include the name of the person, facility or program responsible for the alleged discriminatory act; day and time of any incident; the specific City Department involved; the type of disability discriminated against and manner of discrimination; the names and phone numbers; if possible of any witness.)

Please describe the accommodation you think appropriate to this discriminatory act:

Mail To: Pam Shinault ADA Coordinator, 922 Machin Avenue, Novato, CA 94945