Clear Form

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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.)

_____
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_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____

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