Superior Court of California, County of Sonoma

AMERICANS WITH DISABILITIES ACT COMPLAINT FORM

This form is to be used to initiate an informal grievance procedure to investigate and resolve complaints alleging that the Superior Court has not complied with the ADA.

Date: _____

Complainant's Name: _____

Telephone Number: (___) _____

Address: _____
_____

Alleged Violations
Describe how the Superior Court has not complied with the ADA in sufficient detail to make your complaint clear. Attach additional pages if necessary:

_____
_____
_____
_____
_____

Requested Action
What actions do you request the Superior Court take to correct the alleged ADA non-compliance or discrimination?

_____
_____
_____
_____
_____

Signature of (check one):
____ Complainant
____ Authorized Representative

_____ _____
Signature Date