



CITY OF DEL MAR

AMERICANS WITH DISABILITIES (ADA) GRIEVANCE FORM

Person Responsible for Request

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact Person for Requesting Party (If Applicable)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please do not contact me personally (see Contact Person for Requesting Party information above)

Please specify any location(s) related to the request: _____

Please provide a complete description of the specific request, including the date(s) and a description of the problem or issue: _____

**Please attach additional pages, photographs, sketches, or other information as necessary*

Signature: _____ Date: _____

Print Name: _____

RETURN THIS FORM TO:
Sarah Krietor
ADA Coordinator/Administrative
Services Manager
1050 Camino del Mar
Del Mar, CA 92014

Upon request, reasonable accommodation will be provided to assist in completing this form or copies of the form will be provided in alternative formats. Contact the ADA Coordinator at the address provided or via telephone (858) 375-9517.