



## ADA DISCRIMINATION COMPLAINT FORM

The City of El Segundo is committed to ensuring quality and equitable treatment for our residents and customers. Any person who believes there may be either an accessibility issue (e.g., physical barriers) or discrimination based on disability, may file a complaint utilizing the form below. The complaint must be filed within 180 days of the alleged accessibility issue or discrimination. Should you require any assistance in completing this form, please contact the City Clerk's office by email [allcityclerks@elsegundo.org](mailto:allcityclerks@elsegundo.org) or phone (310-524-2300).

Submit the completed form to:

- City Clerk's office by email [allcityclerks@elsegundo.org](mailto:allcityclerks@elsegundo.org), or
- 350 Main Street, El Segundo, CA 90245.

<b>Section I: Complainant Information</b> <i>(Please write legibly)</i>	
1. Name:	
2. Address:	
3. Telephone:	3.a. Secondary Phone <i>(Optional)</i> :
4. Email Address:	
<b>Section II: Person Discriminated Against (if other than complainant)</b>	
1. Name:	
2. Address:	
3. Telephone:	
4. Email Address:	
<b>Section III: Government / organization / institution which you believe has committed a discriminating act:</b>	
<b>Section IV: When did the discrimination occur?</b>	
Date: _____ Time: _____ <u>am / pm</u>	
<b>Section V: Where did the discrimination occur?</b>	
Location: _____	

