

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 or phone (310-524-2300). Submit the completed form to:

- City Clerk's office by email <u>allcityclerks@elsegundo.org</u>, or
- 350 Main Street, El Segundo, CA 90245.

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



City of El Segundo

Section VI: Describe the acts of discrimination providing names (where possible) of individuals along with details of the incident including the bus and route numbers (if applicable):		
(attach additional written materials or other relevant information as needed)		
Section VII: Has the complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court? If yes, please provide information.		
YES NO		
Agency or Court:		
Contact Person / Phone Number:		
Address:		
Section VIII: Please print and sign below:		
Complainant's Signature:	Date:	