City of Lincoln
ADA Complaint/Grievance Form

ADA Coordinator City Hall
600 Sixth Street, 2nd Floor
Lincoln, CA 95648
phone: 916-434-2470
email: ADACoordinator@lincolnca.gov

SECTION 1: COMPLAINANT INFORMATION			
Name of Complainant (First name, Last name)		Telephone Number (including area code)	
Mailing Address			
City		State	Zip
Person Preparing Complaint & Relationship (if different from Complainant)	Email address		
SECTION 2: COMPLAINT/GRIEVANCE INFORMATION			
Alleged Violation Date(s)	Alleged Violation Time(s)		
Location of Your Complaint/Grievance			
Description of Alleged Violation (attach additional pages if necessary)			
Requested Remedy for Violation (attach additional pages if necessary)			
Has Your Complaint/Grievance Been Filed With a State or Federal Agency? ❑ No ❑ Yes	Name of Agency	Date Filed	Contact Person
Other Comments			
SECTION 3: SIGNATURE			
Signature		Date	

Upon request, reasonable accommodation will be provided in completing this form. The completed form should be submitted to the City of Lincoln's ADA Coordinator.

NOTE: Submission of this form does not constitute a claim for money or damages under California Government Code sections 900 et seq. or any similar laws. If you want to submit a claim for money or damages against the City, you must submit a separate written claim to the City Clerk. Claim forms are available through the City Clerk's office.