



**COUNTY OF LOS ANGELES
AMERICANS WITH DISABILITIES ACT (ADA)
PROGRAM COMPLAINT FORM**

Person completing form (**check one**): Complainant Authorized Representative

Name: _____

Address: _____

Telephone No.: (_____) _____

Email: _____

ALLEGED VIOLATIONS

Describe how the County of Los Angeles has not complied with ADA. Provide sufficient detail to make your complaint clear (attach additional pages if necessary).

REQUESTED ACTION

What actions do you request the County take to correct the alleged ADA non-compliance or discrimination?

Signature

Date

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Instructions

The County of Los Angeles has adopted an informal complaint procedure for the resolution of complaints alleging Americans with Disabilities Act (ADA) non-compliance by the County of Los Angeles.

Complaint Procedure

1. Complaint shall be filed in writing. The complaint must contain the name, address, and telephone number of complainant and a brief description of the alleged County violation(s).
2. Requested corrective action to resolve the alleged violation(s) should be included.
3. All complaints must be signed by the complainant.
4. Complaints should be addressed to the Departmental ADA Coordinator.
5. An informal meeting with the ADA Coordinator may be arranged to answer any questions, upon your request.
6. The department will respond in writing within sixty (60) days from the date the complaint was filed.

Using this informal complaint procedure is not a requirement under federal regulations nor does it prevent you from filing a complaint with the appropriate federal enforcement agency. Any retaliation, coercion, intimidation, threat, interference, or harassment for filing of a complaint is prohibited and should be reported immediately to the Departmental ADA Coordinator or to the County's CEO Disability Civil Rights section.

If you are a current County employee and you have an employment-related ADA complaint, you should file a discrimination complaint using your Department's existing employee complaint procedure. For further information, refer to the Departmental Affirmative Action Coordinator.

**This form is available in alternate format from the
Departmental ADA Coordinator upon request**