



**Sacramento Area Council of Governments (SACOG) Americans with Disabilities Act (ADA)
Grievance Form**

Grievances must be filed within 180 days of the alleged act of discrimination.

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Electronic Mail Address:				
Accessible Format Requirements? Check all that apply.	<input type="checkbox"/>	Large Print	<input type="checkbox"/>	Audio Tape
	<input type="checkbox"/>	TDD	<input type="checkbox"/>	Other
Section II:				
Are you filing this grievance on your own behalf?	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are filing this grievance:				
Please explain why you are filing for this person:				
Please confirm that you have obtained the permission of the complaining person if you are filing on their behalf.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Section III				
Date of Alleged Discrimination (Month, Day, Year):				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses.				

Section IV				
Have you previously filed an ADA grievance with this agency?	Yes		No	
Section V				
Have you filed a grievance with any other Federal, State or local agency, or with any Federal or State Court?	Yes		No	
If yes, check all that apply?		Federal Agency		State Agency
		Federal Court		Local Agency
		State Court		

You may attach any written materials or other information that you think is relevant to your grievance.

Please sign here: _____

Date: _____

Note - SACOG cannot accept your grievance without a signature.

Please print, scan and email your completed, signed form to ADA-Coordinator@sacog.org OR

Mail or fax your completed, signed form to:

ADA Coordinator
 Sacramento Area Council of
 Governments
 1415 L Street, Suite 300
 Sacramento, CA 95814
 Fax: (916) 321-9551