



CITY OF VISALIA
Americans with Disabilities Act
Grievance Form/Request for Accommodation

Instructions: Please fill out this form completely. Sign and send it to the address indicated below. This form is available in alternate formats by request.

REPORTING INDIVIDUAL	
Name:	
Address:	
Email Address:	
Contact Phone:	
Date of Request:	
SERVICE, PROGRAM OR ACTIVITY ALLEGED TO BE INACCESSIBLE	
Name of Service, Program or Activity:	
Location Address:	
Date and Time of Occurrence:	
Description of how the service, program or facility is not accessible (attach additional pages, documentation, photos, witness statements, etc. supporting the complaint):	
Name and contact information of witnesses:	
REQUESTED REMEDY TO GRIEVANCE	
State requested remedy to your grievance and/or accommodation requested:	
SIGNATURE	
Signature of Reporting Individual	

Please send completed form to: Shonna Oneal, ADA Coordinator, City of Visalia, 220 N. Santa Fe St., Visalia, CA 93292, adacoordinator@visalia.gov