



CITY OF LA PUENTE
15900 East Main Street
La Puente, CA 91744
(626) 855-1500
www.lapuente.org

CITY OF LA PUENTE ADA GRIEVANCE FORM

Date: _____

Complainant: _____

Address: _____

City, State, Zip: _____

Telephone: _____ E-mail: _____

Individual Discriminated Against: _____

Address: _____

City, State, Zip: _____

Telephone: _____ E-mail: _____

Date Alleged Violation(s) Occurred: _____

Description of Violation and City Department Involved: _____

Requested Action by City to Correct Violation: _____

Has Complaint been filed with State or Federal agency? ____ Yes ____ No

Name of Agency: _____ Date Filed: _____

Contact Person: _____

Signature: _____