

VACAVILLE **ADA**
ADVISORY COMMITTEE



City of Vacaville
ADA Title II Complaint Form

PERSON REGISTERING COMPLAINT:

Name: _____

Home Address: _____

Telephone: (H) _____ (W) _____

SUMMARY OF COMPLAINT:

Use the back of this form to draw a diagram, if necessary. Attach additional sheet(s) if needed.



To be completed by City:

Date/Time Received: _____ Received By: _____

CONTACTED AND COMPLAINT RESOLVED AS FOLLOWS:

BY: _____ DATE: _____