



City Of Encinitas/San Dieguito Water District  
505 South Vulcan Ave  
Encinitas, CA 92024  
ADA COORDINATOR  
760- 633-2636, 760- 633-1228 Fax, 760- 633-2700 TTY

Americans with Disabilities Act (ADA)  
Section 504 Rehabilitation Act 1973 (Section 504)  
GRIEVANCE FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Description of Complaint (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Alleged Violation: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Party(s) Involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X** \_\_\_\_\_

Signature (Complainant or his/her authorized representative)

Date

**Within 15 calendar days after receipt of the complaint, City will meet with the complainant to discuss the complaint and the possible resolution. Within 15 calendar days of the meeting, City will respond in writing and explain the position of the City and offer options for resolution. (See Grievance Procedures)**

**~ COMPLAINT CAN BE FILED VERBALLY OR IN WRITING ~**

The City of Encinitas is an affirmative action public entity and does not discriminate on the basis of race/color, national origin, sex, religion, age or disability in employment or the provisions of service. Please notify the City of Encinitas 72 hours or more prior to disability accommodations being needed.