



## City of Fortuna

### Access Complaint Form for Persons with Disabilities

#### Instructions

This form is to be used only for complaints about access to City of Fortuna facilities, programs, services, or communication.

Complete the information below with or without assistance of City Staff. After completing this form, please send it to the City Manager at P.O. Box 545, Fortuna, CA 95540.

Date of Incident: \_\_\_\_\_

Nature of Complaint (attach additional pages if necessary): \_\_\_\_\_

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

Program/Activity (if applicable): \_\_\_\_\_

\_\_\_\_\_

Facility (if applicable): \_\_\_\_\_

\_\_\_\_\_

Address/Location: \_\_\_\_\_

\_\_\_\_\_

Your Name (optional): \_\_\_\_\_

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

\_\_\_\_\_

Phone No.: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Would you like to be contacted regarding the resolution of this matter: Yes \_\_\_\_\_ No \_\_\_\_\_

(For City Use Only)

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Transferred to CM: \_\_\_\_\_

Complainant notified by: Phone \_\_\_\_\_ Letter \_\_\_\_\_ In Person \_\_\_\_\_