

**CITY OF HERMOSA BEACH**  
**Americans with Disabilities Act**  
**Grievance Form**

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on last page by email, fax, mail, or in-person. If you need an accommodation to complete or submit this form, please contact the ADA Coordinator as indicated on this form. This form is optional and provided for your convenience.

1. Your Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Telephone: Home/Cell: \_\_\_\_\_ Business: \_\_\_\_\_

2. Person you are filing this for: (if other than you): \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Telephone: Home/Cell: \_\_\_\_\_ Business: \_\_\_\_\_

3. Date of grievance: \_\_\_\_\_

Location or address of grievance on City property:

\_\_\_\_\_

4. Describe the events leading to your filing of this grievance, providing names of the City employees or City Department involved where possible:

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

5. Have efforts been made to resolve this complaint?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what efforts have been taken and what is the status of the grievance?

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

6. What do you request the City do to resolve this grievance?

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7. Additional comments or information:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:

Marco Ponce  
ADA Coordinator  
City of Hermosa Beach  
1315 Valley Drive  
Hermosa Beach, CA 90254  
Email: [marcoponce@hermosabeach.gov](mailto:marcoponce@hermosabeach.gov)  
Phone: (310) 318-0227