

# City of Farmersville

## ADA Complaint/Grievance Form

Complainant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Person Preparing Complaint (if different from Complainant): \_\_\_\_\_

Relationship to Complainant: \_\_\_\_\_

Please provide a complete description of your complaint or grievance:

Please specify the location of your grievance (if applicable):

Please state what you think should be done to resolve the grievance:

Please attach additional pages or photo(s) as needed.

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

Please return this form in person or mail it to:

Attn: ADA Coordinator  
Farmersville City Clerk's Office  
909 W. Visalia Road  
Farmersville, CA 93223  
(559) 747-0458

Upon request, reasonable accommodations will be provided in completing this form.  
Contact the ADA Coordinator listed above for further assistance.