



Standards Accommodation and Complaint/Grievance form
Americans with Disabilities Act (ADA) and Title 24 Disability Access

Check One: Accommodation (Initial Request) Complaint/Grievance (Follow-up Request)

Person Responsible for Request

Contact Person for Requesting Party

Street Address & Apt. No.: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

E-mail: _____

Please select preferred method of contact: US Mail Telephone E-mail Other

Please do not contact me personally (see Contact Person for Requesting Party information above)

Please specify any location(s) related to the request:

Please provide a complete description of the specific request:

Please attached additional pages, photographs, sketches or other information as necessary

Signature: _____ Date: _____

Name: _____

RETURN THIS FORM TO:

Sarah Reiswig
ADA Coordinator
1635 Faraday Ave
Carlsbad, CA 92008

Upon request, reasonable accommodation will be provided to assist in completing this form or copies of the form will be provided in alternative formats.

Contact the ADA Coordinator at the address provided or via telephone 442-339-2470