



City of Patterson ADA Grievance Complaint Form

Complainant Name: _____

Person Preparing Complaint (if different from Complainant): _____

Relationship to Complainant (if different from Complainant): _____

Street Address & Apt. No.: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Please provide a complete description of the specific complaint or grievance:

Please specify date(s), location(s), and time(s) of the related complaint or grievance:

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

If you need additional space, please attach to the back of this form.

Signature : _____ Date: _____

If you need special accommodations, please contact the Engineering Department at (209) 895-8033 with your request. Please submit your complaint to: City of Patterson, Engineering Department, 1 Plaza, Patterson, CA 95363.