



City of Lodi ADA Complaint / Grievance Form

Complainant: _____

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 any location(s) related to the complaint or grievance (if applicable):

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

Please attach additional pages as needed.

Please do not contact me personally.

Signature: _____ **Date:** _____

Return to:

Joseph Wood
City of Lodi ADA/Section 504 Coordinator
PO Box 3006
221 W. Pine Street
Lodi, CA 95241-1910

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the ADA / Section 504 Coordinator at the address listed above, via telephone (209) 333-6700 or via Telecommunication Relay Service (TRS) by dialing 7-1-1, or via e-mail at jwood@lodi.gov.