



CITY OF
FOLSOM
DISTINCTIVE BY NATURE

ADA GRIEVANCE FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Please provide a complete description of your grievance:

Please specify the location of your grievance:

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

Please attach additional pages or photographs as needed.

Signature: _____ Date: _____

Please return to:

Christa Freemantle, ADA Coordinator
City of Folsom
50 Natoma Street
Folsom, CA 95630
cfreemantle@folsom.ca.us
(916) 461-6035

Upon request, reasonable accommodation will be provided in completing this form. Please contact Christa Freemantle, ADA Coordinator, (916) 461-6035 to request accommodation.