



Scenic Pacifica
Incorporated Nov. 22, 1957

CITY OF PACIFICA

540 Crespi Drive • Pacifica, California 94044-3422

AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT/ ASSISTANCE FORM

The American's with Disabilities Act (ADA) prohibits discrimination on the basis of disability in State and local government, public accommodations, commercial facilities, transportation, and telecommunications. This form may be used to file a complaint with the City of Pacifica for alleged violations of ADA. Please print clearly and complete the entire form. If a section does not apply, please write "not applicable". A response will be provided within thirty (30) business days of receipt of this complaint by the appropriate City of Pacifica staff.

Send completed form by mail or email to:
Christian Murdock, ADA Coordinator
City of Pacifica
540 Crespi Drive
Pacifica, CA 94044
cmurdock@pacifica.gov

For assistance, please call or email:
Christian Murdock, ADA Coordinator
cmurdock@pacifica.gov
Voice: 650-738-7300
Fax: 650-359-6038
TTY Relay Services: 711

NAME OF COMPLAINANT		DATE
PHONE NO.	ALT. PHONE NO.	
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS		
PREFERRED METHOD OF CONTACT <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail		
MAY WE LEAVE A MESSAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No		

The City's ADA Coordinator helps to investigate and resolve disability access or discrimination issues for the City of Pacifica departments and their contractors. Access issues usually fall into one of three categories. Please let us know which category best describes your issue by checking the item(s) below:

- Architectural Access** – Please check here if the access problem is architectural (e.g. a wheelchair ramp is needed, braille signage is missing, or accessible counters are too high for wheelchair users).
- Programmatic Access** – Please check here if the access problem is programmatic (e.g. you cannot get or maintain a City benefit or service because of a disability, or you asked for a reasonable modification of a policy, practice or procedure in order to obtain City benefits or services, but were denied one).
- Communication Access** – Please check here if the access problem involves communication (e.g. you need an interpreter, materials in alternative formats, or other auxiliary aids and services in order to have equal access to information and communications for a City benefit, service or activity).

WHICH CITY DEPARTMENT OR CONTRACTOR DOES THIS COMPLAINT INVOLVE?

PLEASE GIVE US THE DATE OF THE MOST RECENT PROBLEM.

PLEASE GIVE US THE LOCATION/ADDRESS OF THE PROBLEM.

PLEASE DESCRIBE THE PROBLEM YOU ENCOUNTERED (ATTACH ADDITIONAL PAGES IF NECESSARY).

IS THERE A CHANGE TO A CITY SIDEWALK, STREET OR CURB THAT YOU WISH TO SEE THAT WOULD BE HELPFUL IN SOLVING THIS PROBLEM? IF YES, PLEASE DESCRIBE.

IF YOU SPOKE TO ANY CITY STAFF REGARDING THIS ISSUE, PLEASE PROVIDE THEIR NAME AND/OR POSITION.

SIGNATURE OF COMPLAINANT *(or of authorized representative, if applicable)*

DATE

PRINTED NAME OF COMPLAINANT

PRINTED NAME OF AUTHORIZED REPRESENTATIVE *(if applicable)*

FOR OFFICIAL USE ONLY:

DATE RECEIVED

RECEIVED BY