



EAST BAY REGIONAL PARK DISTRICT

AMERICANS WITH DISABILITIES COMPLAINT FORM

It is the policy of the East Bay Regional Park District (“Park District”) that no member of the public shall be favored or in any way discriminated against because of mental or physical disability or medical condition. Section 5.0 of the Park District’s Self-Evaluation and Transition Plan sets forth the Park District’s ADA policy and complaint procedure. (Available at www.ebparks.org)

Please use this form if you believe the Park District has not provided satisfactory accommodation for a disability.

The completed form should be submitted to:

East Bay Regional Park District
Attention: ADA Coordinator
2950 Peralta Oaks Court
Oakland, California 94605

E-mail: adacoordinator@ebparks.org
Phone: 510-544-2158

GRIEVANT NAME:		PHONE NUMBER, INCLUDING AREA CODE:	
ADDRESS:		CITY:	STATE, ZIP:
E-MAIL ADDRESS:			
Please describe alleged violation and requested remedy. Include date, time, location, and specific information. If necessary, attach additional pages with grievant’s name on each page.			

Signature of grievant: _____

Date: _____

Complaint form received by: _____

Date: _____