



**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 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](http://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](mailto: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: \_\_\_\_\_