

# El Dorado Irrigation District

## Americans with Disabilities Grievance Form

In accordance with Title II of the Americans with Disabilities Act (ADA) of 1990, it is the intention of El Dorado Irrigation District, to provide access to all services associated with its operation and to all persons with disabilities. Please use this form to file a grievance if you believe the El Dorado Irrigation District, has not provided satisfactory accommodation for a disability.

You may submit your grievance to:

El Dorado Irrigation District  
ADA Coordinator  
2890 Mosquito Road  
Placerville, CA 95667

### Grievant Information

<b>Grievant Name</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone with area code</b> (    )       -	<b>Business or Alternate Phone with Area Code</b> (    )       -		
<b>Other Contact Information</b>			

### Person (not Grievant) Alleging ADA Violation at El Dorado Irrigation District

<b>Name</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone with area code</b> (    )       -	<b>Business or Alternate Phone with Area Code</b> (    )       -		
<b>Other Contact Information</b>			

**Description of alleged violation and requested remedy—Please include date, time, location, and specific information. Please use additional sheets of paper if necessary.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Internal Use Only**

Date and time grievance received:

Date and time of first contact:

Action taken: