

Americans with Disabilities Act of 1990 / Section 504 of the Rehabilitation Act of 1973

Grievance Form

Instructions: Please fill out this form completely. A printed or typed response is recommended.

Sign and return to the address below by email, fax, or in person. If you need an accommodation to complete or submit this form, please contact the ADA/504 Coordinator listed on this form.

1. Complainant: _____

Address: _____

City, State, Zip Code: _____

Telephone: Home/Cell: _____ Business: _____

2. Person Discriminated Against: (if other than the Complainant) _____

Address: _____

City, State, Zip Code: _____

Telephone: Home/Cell: _____ Tel. Business: _____

3. Business Entity or person which you believe has discriminated (if known): _____

Name: _____

Address: _____

City, State, Zip Code: _____ Tel. Number: _____

4. When did the discrimination occur? Date: _____ Time: _____

5. Describe the act(s) of discrimination: _____

Signature: _____ Date: _____

Return to: Victoria Carpenter– ADA/504 Coordinator –Assistant Airport Director
Palm Springs International Airport
3400 E. Tahquitz Canyon Way – Suite 1
Palm Springs, CA 92262
Email: Victoria.Carpenter@palmspringsca.gov
Phone: (760) 318-3808 - Fax: (760) 318-3815 - TDD: (760) 864-9527