



COMPLAINT FORM
PLACES OF PUBLIC ACCOMMODATION IN THE PRIVATE SECTOR
AND
COMMERCIAL FACILITIES
ACCESS UNDER CALIFORNIA BUILDING CODE

Instructions: Complete the entire form; be specific to your desired resolution. Attach a separate page, if more space is required.

1. Complete the Citizen /Complainant Information:

Name: _____ Phone Number: _____

Address: _____ E Mail: _____

City: _____ State: _____ Zip: _____

2. Date of alleged violation (month, day, year)
_____/_____/_____

3. Indicate the location where the alleged violation occurred:

Type of Business: _____ Phone Number: _____

Address: _____

4. Please note the specific location within the facility.

5. Provide a description of the deficiency or problem (Be as specific as possible).

6. Did you discuss your concern with anyone? Yes No (if yes who, please provide name and contact information).

7. Give a concise statement on how the alleged violation has impacted your ability to access goods or services offered by the entity:

8. Indicate the desired resolution or remedy sought

Signature: _____

Date: _____