

## ADA Accommodation and Complaint/Grievance Form For Non-Emergency Purposes Americans with Disabilities Act (ADA) and Title 24 Disability Access

**Check One:**      Accommodation Request      Complaint/Grievance      Comment/Question

\_\_\_\_\_  
Person Responsible for Request

\_\_\_\_\_  
Contact Person for Requesting Party

Street Address & Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Circle preferred Method of Contact (US Mail, telephone, e-mail, other)

Please do not contact me personally (see contact-person information above).

Please specify address and location(s) related to the request:

\_\_\_\_\_

Please provide a complete description of the specific request or comment/question:

\_\_\_\_\_

\_\_\_\_\_

Please attach additional pages, photographs, sketches, or other information, as necessary.

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

Name: \_\_\_\_\_

**RETURN THIS FORM TO:**

City of Moreno Valley  
ADA Coordinator  
14177 Frederick Street  
P.O. Box 88005  
Moreno Valley, CA 92552-0805  
adacoordinator@moval.org

Upon request, reasonable accommodation will be provided to assist in completing this form.

Contact the ADA Coordinator at the address listed or via telephone at 951.413.3120 or e-mail at [adacoordinator@moval.org](mailto:adacoordinator@moval.org).

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