



Brea Civic & Cultural Center | 1 Civic Center Circle | Brea, California 92821 | www.cityofbrea.net

**Department of Community Development, Building & Safety Division
American with Disabilities Act (ADA) of 1990 – Grievance Form**

Complainant: _____

Person Preparing Complaint (if different from Complainant): _____

Relationship to Complainant (if different from Complainant): _____

Street Address & Apt. No.: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Please provide a complete description of the specific complaint or grievance: _____

Please specify any location(s) related to the complaint or grievance (if applicable): _____

Please state what you think should be done to resolve the complaint or grievance: _____

Please attach additional pages as needed.

Has a complaint been filed with a state or federal agency: ____ Yes ____ No

Name of Agency: _____ Dated filed: _____ Contact: _____

Please do not contact me personally.

Signature: _____ Date: _____

**Return to: City of Brea, Department of Community Development, Building Official, 1 Civic Center Circle Brea,
CA 92821**

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be requested in alterative formats. Contact the Building Official at the Address above for more information.