

**City of Santa Fe
ADA Grievance/Complaint Form**

Date: _____

Name of Complainant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Email Address: _____

Check Applicable:

I am filing as a witness, my name is: _____

I am filing on behalf of another person, my name is: _____

Address of person filing grievance, if different: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Email Address: _____

Do you have a preferred way to be contacted? (Phone, e-mail, mail, etc.): _____

Date the discrimination occurred: _____

Who committed the alleged discrimination? _____

Please specify the location of the discrimination, if applicable:

Please provide a detailed description of the complaint/grievance. Please use another sheet, if needed:

What do you think should be done to resolve to this grievance?

Have you attempted to solve this grievance by other means? If so, please describe:

Has a grievance been filed with any other federal, state, or local agency regarding this discrimination?

yes No I prefer to not answer I don't know

If yes, who has been contacted: _____

Date the complaint was filed: _____

Name of contact person working on the complaint: _____

Phone number of contact person _____ Case # _____

This information is solely for follow-up purposes and will not affect the investigation of your grievance with the City of Santa Fe.

I certify that the above information is true to the best of my knowledge, and I am requesting an internal investigation by the City of Santa Fe ADA Coordinator.

Signature: _____ Date: _____

Upon request alternative format accommodations will be made. Please include a request for accommodations when you submit this form, or contact the ADA Coordinator for more information.

Please scan, fax, or mail this form to:

Daniel Lopez, Jr.
Equity and ADA Manager
Office: (505) 955-6654
Mobile: (505) 629-3854
E-Mail: dxlopez@santafenm.gov

Date Received: _____

Form updated on 10-18-2023