

COMPLAINT/ASSISTANCE FORM

Please fill out as much of this form as you can. If you need help, tell us, and we would be happy to provide it. If you don't know the answer to something, please leave it blank.

Name: _____ Phone: _____

Address: _____ May we leave a message? _____

E-mail: _____

The City's designated Citywide ADA Coordinator helps to investigate and resolve disability access or discrimination issues for the City of Torrance's Departments and their Contractors. Access issues usually fall into one of three categories. Please let us know which category best describes your issue:

Architectural Access - Please check here if the access problem is architectural -- for example, a wheelchair ramp is needed, braille signage is missing, or accessible counters are too high for wheelchair users.

Programmatic Access – Please check here if the access problem is programmatic – for example, you cannot get or maintain a City benefit or service because of a disability, or you asked for a reasonable modification of a policy, practice or procedure in order to obtain City benefits or services, but were denied one.

Communication Access – Please check here if the access problem involves communication – for example, you need an interpreter, materials in alternative formats, or other auxiliary aids and services in order to have equal access to information and communications for a City benefit, service or activity.

Which City Department or Contractor does this complaint involve?

Please describe the problem you encountered

(attach additional pages if necessary):

Signature: _____ Date: _____

We will provide a copy of this complaint to the appropriate ADA Coordinator, who will conduct an investigation. We may assist in this investigation and will review the results.

You should receive a written response from the Department within a maximum of 30 calendar days. If you do not, please contact us at:

Terri Connaughton
ADA Coordinator
City of Torrance
3031 Torrance Boulevard
Torrance, CA 90503
Phone: (310) 618-2950
Fax: (310) 618-2927
ADA@TorranceCA.gov

For Office Use Only:

Staff receiving the form: _____ Date: _____