

**STATE OF CALIFORNIA  
DEPARTMENT OF GENERAL SERVICES  
AMERICANS WITH DISABILITIES ACT (ADA)  
GRIEVANCE FORM  
DGS EEO 30 (Rev. 10/2019)**

**INSTRUCTIONS**

*This is a printable form. Simply complete, print, and send to: Department of General Services,  
Att'n: ADA Coordinator, P.O. Box 989052, West Sacramento, CA 95798-9052*

**COMPLAINANT INFORMATION**

NAME

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE (include area code)

BUSINESS PHONE (include area code)

**PERSON ALLEGING ADA VIOLATION *(if other than complainant)***

NAME

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE (include area code)

BUSINESS PHONE (include area code)

**INFORMATION ON ALLEGED VIOLATION**

DATE ALLEGED VIOLATION OCCURRED

DESCRIPTION OF ALLEGED VIOLATION

**REQUESTED REMEDY**

**HAS THIS COMPLAINT BEEN FILED WITH THE RESPONSIBLE FEDERAL ENFORCEMENT AGENCY,  
U.S. DEPARTMENT OF JUSTICE, OR COURT?**

**YES      NO**

**COMPLETE THE FOLLOWING IF YOU ANSWERED  
“YES” TO THE PREVIOUS QUESTION**

**AGENCY OR COURT**

**CONTACT PERSON**

**ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**PHONE (include area code)**

**DATE FILED**

**OTHER COMMENTS**

**SIGNATURE**

**DATE**