



Town of Mammoth Lakes

P.O. Box 1609, Mammoth Lakes, CA, 93546

(760) 965-3600

www.townofmammothlakes.ca.gov

Americans with Disabilities Act (ADA) Grievance Form

Purpose: Use this form to file a grievance if you find that the Town of Mammoth Lakes has not provided adequate accommodations for disability.

Instructions: Please complete this form and submit to the contact mentioned below.

Name of Grievant: _____

Person Preparing Grievance (if different from Grievant): _____

Address of Grievant: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Provide the date(s) the incident occurred: _____

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

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

Please state your suggested outcome for resolution of your grievance:

Please attach photos related to the complaint of grievance (if applicable).

Signature of Grievant: _____ Date: _____

Grievances shall be submitted online or in writing to the Town Clerk:

Jamie Gray
clerk@townofmammothlakes.ca.gov
P.O. Box 1609
437 Old Mammoth Road, Suite 230
Mammoth Lakes, CA 93546

Hard copies are available at the Town Offices. Upon request, reasonable accommodations will be provided in completing this form. Contact the ADA/504 Coordinator, Sierra Shultz, at sshultz@townofmammothlakes.ca.gov or 760-965-3654 for more information.