

**COUNTY OF FRESNO**  
**Americans with Disabilities Act (ADA) and California Building Code Title 24**  
**Grievance/Complaint Intake Form**



*(Please print or type information)*

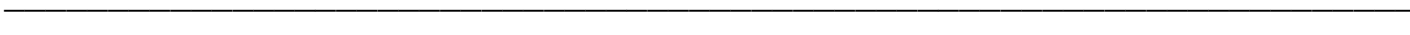
Complainant Name: \_\_\_\_\_ Email \_\_\_\_\_

Date: \_\_/\_\_/\_\_ Address: \_\_\_\_\_

Telephone No.: Home (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Fax (\_\_\_\_)\_\_\_\_-\_\_\_\_ TTY (\_\_\_\_)\_\_\_\_-\_\_\_\_

Specific Location of Alleged Violation: \_\_\_\_\_

Complaint Description: \_\_\_\_\_



*(For official use only)*

Date/Time received: \_\_/\_\_/\_\_ \_\_:\_\_ am/pm

Received by: \_\_\_\_\_  
Name Department Phone #

Received via:  Mail  E-mail  Phone  Fax  In-person  Other

Complainant is County Employee:  Yes  No

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home (\_\_\_\_)\_\_\_\_-\_\_\_\_ Message/Other (\_\_\_\_)\_\_\_\_-\_\_\_\_

Date/Time inspected: \_\_/\_\_/\_\_ \_\_:\_\_ am/pm Inspected by: \_\_\_\_\_

Notice Provided to Owner:  Yes  No Date: \_\_/\_\_/\_\_

Intake/Referral (7 business days): Complainant Notification: \_\_/\_\_/\_\_

Outside of Fresno County jurisdiction:  Yes  No

Referred to: \_\_\_\_\_ Date \_\_/\_\_/\_\_

Comments: \_\_\_\_\_

Review Process (15 business days):  Yes  No Date: \_\_/\_\_/\_\_

Department Contact: \_\_\_\_\_

Determination Response (30 business days): Date: \_\_/\_\_/\_\_

Response made by: \_\_\_\_\_ ADA/CL Notified: \_\_/\_\_/\_\_

Comments: \_\_\_\_\_

**ALL FORMS, CORRESPONDENCE AND DOCUMENTATION ARE TO BE RETAINED FOR 3 YEARS.**