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: ____________________________ 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: __________________ ADACL Notified: __/__/__
Comments: ________________________________________________________________

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