** California Department of Conservation **

**Title II of the Americans with Disabilities Act**

**COMPLAINT FORM**

Persons who want to file a complaint for reasons involving disability discrimination may do so, by completing this form and submitting it via U.S. Mail to the ADA Coordinator at 801 K Street, MS 24-01, Sacramento, CA 95814, or by email at [DOCaccessibility@conservation.ca.gov](mailto:DOCaccessibility@conservation.ca.gov). Additionally, you may discuss your concerns with the ADA Coordinator by calling (916) 324-9378.

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| --- |
| Name: |
| Home Phone Number: |
| Work Phone Number: |
| Address: (Street/City/State/Zip Code) |
| Date and Location of Occurrence: |
| Comment or Complaint: |
| Continued on Reverse |
| Signature and Date: |

|  |
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| *Continuation of Comment/Concern:* |
|  |