

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 of Complaint: _____

Address: _____

Telephone: Home _____

Work _____

Cell _____

TTY _____

Specific Location of Alleged Violation: _____

Complaint Description – (attach additional page(s) if required):

(Intake information for official use only)

Received Date/Time: _____ Received By: _____

Department: _____ Telephone: _____

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

Property Owner: _____

Address: _____

Telephone: Home _____ Message/Other _____

Date/Time inspected: _____ Inspected by: _____

Notice Provided to Owner: Yes No Date: _____

Intake/Referral (ADA Coordinator will confirm receipt of complaint within 7 business days):

Complainant Notification: _____ Outside of Fresno County jurisdiction: Yes No

Referred to: _____ Date: _____

Comments: _____

Review Process (Complainant will be contacted by appropriate department within 15 business days):

Date: _____ Department Contact: _____

Determination Response (ADA Coordinator or assigned department will provide a written response to complainant within 30 business days):

Date: _____ Response by: _____

ADA Coordinator Notified: _____

Comments:

The ADA Coordinator shall retain all forms and correspondence for three years.

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