

**City of Paramount**  
**Americans with Disabilities Act and**  
**Section 504 of the Rehabilitation Act of 1973**  
**Grievance Form**

Instructions: Please fill out this form completely. A printed or typed response is recommended.  
Sign and return to the address below by email, fax, mail, or in person. If you need an accommodation to complete or submit this form, please contact the ADA Coordinator.

1. Complainant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

2. Contact Person: (if other than the complainant): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

3. Describe the complainant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Witnesses (if any):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:

Attn:

Jonathan Masannat, ADA/504 Coordinator, City of Paramount  
16400 Colorado Avenue, Paramount, CA 90723  
jmasannat@paramountcity.com  
Phone: (562) 220-2027  
California Relay Service 7-1-1 (for TTY users)

REFERENCES:

Americans with Disabilities Act Title II Regulations, Department of Justice 28 CFR Part 35 § 35.107