



COMPLAINT/ ASSISTANCE FORM

Please fill out as much of this form as you can. If you need help, tell us, and we would be happy to provide it. If you don't know the answer to something, please leave it blank.

Name: _____ Phone: _____

Address: _____ May we leave a message? _____

_____ E-mail: _____

The Mayor's Office on Disability helps to investigate and resolve disability access or discrimination issues for the City and County of San Francisco's Departments and their Contractors. Access issues usually fall into one of three categories. Please let us know which category best describes your issue:

Architectural Access - Please check here if the access problem is architectural -- for example, a wheelchair ramp is needed, braille signage is missing, or accessible counters are too high for wheelchair users.

Programmatic Access – Please check here if the access problem is programmatic – for example, you cannot get or maintain a City benefit or service because

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of a disability, or you asked for a reasonable modification of a policy, practice or procedure in order to obtain City benefits or services, but were denied one.

- Communication Access** – Please check here if the access problem involves communication – for example, you need an interpreter, materials in alternative formats, or other auxiliary aids and services in order to have equal access to information and communications for a City benefit, service or activity.

Which City Department or Contractor does this complaint involve?

Please describe the problem you encountered (attach additional pages if necessary):

Please give us the date of the most recent problem:

Please give us the location/address of the problem:

Is there a change in policy or procedure you wish to see that would be helpful in solving this problem?

Do you know the name or position of any of the staff you encountered?

Signature: _____ Date: _____

We will provide a copy of this complaint to the appropriate ADA Coordinator, who will conduct an investigation. We may assist in this investigation and will review the results. You should receive a written response from the Department within a maximum of 30 business days. If you do not, please contact us at:

Mayor's Office on Disability
1155 Market Street, 1st Floor,
San Francisco, CA 94103
415.554.6789 Voice; 415.554.6799 TTY;
415.554.6159 Fax; MOD@sfgov.org Email

For Office Use Only:

Staff receiving the form: _____ Date: _____
