



COUNTY OF KINGS

**DEPARTMENT OF
PUBLIC WORKS**

Kings County Government Center
1400 W. Lacey Boulevard
Hanford, CA 93230
Phone: (559) 852-2690
FAX: (559) 582-2506

Kevin J. McAlister, Director

**Grievance Form: Allegations of Violations
of the Americans with Disabilities Act or
California State Disability Civil Rights Laws**

Instructions: Please fill out this form completely. Sign and return as instructed on page 2.

Person filling out this form: _____

Address: _____

City, State and Zip Code: _____

Telephone: _____

Email: _____

Preferred method of contact: _____ Telephone _____ Email

If filled out on behalf of person other than person listed above provide the following:

Name: _____

Address: _____

City, State, and Zip Code: _____

Telephone: _____

Circumstances related to the facts of complaint:

Date: _____

Location: _____

Details of complaint: _____

(Please be as specific as possible, and include the names and contact information of anyone who might have knowledge of the facts regarding the complaint. To help us to address your concerns promptly, please stick to the facts: who, what, when, where, and how. Please attach additional pages if necessary.)



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Signature of person completing form:

Date: _____

The complaint should be submitted by the complainant and/or his/her designee as soon as possible, but no later than 60 calendar days after the alleged violation to:

Kevin McAlister/ADA Coordinator
County Government Center
1400 West Lacey Blvd, Hanford CA 93230
TEL (559) 852-2690
or California Relay 711
FAX (559) 584-0865