Community Development Department
Building Unit
www.cityofwestsacramento.org
1110 West Capitol Avenue
West Sacramento, CA 95691
Ph: (916) 617-4683

Complaint Form for Disabled Access Investigation

(* Indicates areas that must be filled out)

<table>
<thead>
<tr>
<th>COMPLAINANT:</th>
<th>*COMPLAINT LOCATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Name(s)</td>
<td>Owner(s)</td>
</tr>
<tr>
<td>*Address</td>
<td>*Address</td>
</tr>
<tr>
<td>*Telephone</td>
<td>Telephone</td>
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<tr>
<td>*Date Complaint Received</td>
<td>Complaint Received by</td>
</tr>
</tbody>
</table>

*DESCRIPTION OF COMPLAINT: ____________________________

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[ ] 1. Path of travel (24 CCR § 1114B.2.1); location __________________________________________

[ ] 2. Parking (24 CCR § 1129B); location __________________________________________

[ ] 3. Curb ramps (24 CCR § 1127B.5); location __________________________________________

[ ] 4. Stairways (24 CCR § 1133B.4); location __________________________________________

[ ] 5. Ramps (24 CCR § 1133B.5); location __________________________________________

[ ] 6. Access to toilets (24 CCR § 1115B); location __________________________________________

[ ] 7. Walks & sidewalks (24 CCR § 1133B.7); location __________________________________________

[ ] 8. Doors (24 CCR § 1133B.2); location __________________________________________

[ ] 9. Entrances & exits (24 CCR § 1133B.1.1.1.1); location __________________________________________

[ ] 10. Telephones (24 CCR § 1117B.2); location __________________________________________

[ ] 11. Water fountain (24 CCR § 1117B.1); location __________________________________________

[ ] 12. Elevators (24 CCR § 1116B); location __________________________________________

[ ] 13. Signs (24 CCR § 1117B.5); location __________________________________________

[ ] 14. Other __________________________________________

[ ] 15. Other __________________________________________

For each complaint category item listed above please describe in detail the nature of the complaint and under what circumstances you believe that the access issues are not in compliance with ADA, ADAAG and or California T-24 access regulations. Use separate paper as necessary. Please list each item separately and indicate specific location within the site or building of said violation.