STATE OF CALIFORNIA
COMMISSION ON TEACHER CREDENTIAING
AMERICANS WITH DISABILITIES ACT (ADA)
GRIEVANCE FORM

INSTRUCTIONS
Complete and send via Postal Mail or Email to:
Commission on Teacher Credentialing
651 Bannon Street, Suite 600
Attn: Executive Office
Sacramento, CA 95811
Email: execoffice@ctc.ca.gov

GRIEVANCE INFORMATION

NAME

ADDRESS

CITY **STATE** **ZIP CODE**

HOME PHONE (include area code) **BUSINESS PHONE (include area code)**

EMAIL ADDRESS

PERSON ALLEGING ADA VIOLATION *(if other than complainant)*

NAME

ADDRESS

CITY **STATE** **ZIP CODE**

HOME PHONE (include area code) **BUSINESS PHONE (include area code)**

EMAIL ADDRESS

INFORMATION ON ALLEGED VIOLATION

DATE ALLEGED VIOLATION OCCURRED

DESCRIPTION OF ALLEGED VIOLATION (attach additional sheets of paper if needed)

REQUESTED REMEDY

HAS THIS COMPLAINT BEEN FILED WITH THE RESPONSIBLE FEDERAL ENFORCEMENT AGENCY, U.S. DEPARTMENT OF JUSTICE, OR COURT?

YES ☐ **NO** ☐

COMPLETE THE FOLLOWING IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION

AGENCY OR COURT

CONTACT PERSON

ADDRESS

CITY **STATE** **ZIP CODE**

PHONE (include area code) **DATE FILED**

OTHER COMMENTS

SIGNATURE **DATE**