

City of Anaheim  
Grievance Form

Instructions: Please fill out this form completely in black ink or type. Sign and return to [Department Liaison](#) or ADA/Title VI Coordinator Office, 955 S. Melrose St., Anaheim, CA 92805. This form is optional and provided for your convenience.

Grievant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

If a legally authorized representative is filing the grievance on your behalf, his/her name, address and telephone number must also be included:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Please check off why you believe the discrimination occurred:

- Race or Color       Age       National Origin  
 Sex       Disability       Other \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location or address of incident: \_\_\_\_\_

Describe your grievance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of corrective action would you like to see taken? \_\_\_\_\_  
\_\_\_\_\_

If the incident(s) involved a City of Anaheim employee(s), his/her name(s) please included: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The name(s) and contact information of witnesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your grievance is being filed on behalf of another person or a group of people, all of the grievant(s) should be described or identified by name, if possible. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grievant: \_\_\_\_\_ Date: \_\_\_\_\_

Legally Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_