



City of West Hollywood
8300 Santa Monica Blvd.
West Hollywood, CA 90069
(323) 848-6400

Disability Access Complaint Form

DATE : _____

NAME OF
COMPLAINANT: _____

ADDRESS/PHONE
NUMBER: _____

COMPLAINT:

NATURE OF COMPLAINT:

LOCATION OF COMPLAINT:

DATE OF INCIDENT: _____

NAME OF CITY DEPARTMENT/DIVISION INVOLVED:

NAME OF RESPONSIBLE CITY STAFF, IF APPLICABLE: _____

WITNESSES? NAMES & PHONE NUMBERS:

WRITTEN DOCUMENTATION:

(Additional sheets may be added if needed.)

SIGNED _____ DATE _____

**RETURN COMPLETED FORM TO:
CITY CLERK
8300 SANTA MONICA BOULEVARD
WEST HOLLYWOOD, CA 90069-4314
Fax (323) 848-6562**