



# INCIDENT/CONTACT REPORT

## ADA TITLE II AND TITLE VI NON-DISCRIMINATION GRIEVANCE FORM

Please complete and submit this in its entirety. This form is optional for visitors, residents, and public. This is not for employment or employee related issues.

### CONTACT INFORMATION

GRIEVANT NAME			PHONE*
ADDRESS*			ALTERNATE PHONE*
CITY	STATE	ZIP	EMAIL*

If a legally authorized representative is filing the grievance on your behalf, provide the following information:

REPRESENTATIVE NAME			PHONE*
ADDRESS*			ALTERNATE PHONE*
CITY	STATE	ZIP	EMAIL*

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 PARTY DESCRIPTION/NAME(S)
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### INCIDENT DETAILS

DATE OF INCIDENT	TIME	LOCATION
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

WHY DO YOU BELIEVE THE DISCRIMINATION OCCURED?

- RACE OR COLOR
- AGE
- DISABILITY
- NATIONAL ORIGIN
- SEX
- OTHER: \_\_\_\_\_

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DESCRIBE YOUR GRIEVANCE:

WHAT TYPE OF CORRECTIVE ACTION WOULD YOU LIKE TO SEE TAKEN?

WAS THERE A CODE OF CONDUCT VIOLATION?

YES     NO     UNKNOWN

PROVIDE WITNESS NAME(S) AND CONTACT INFORMATION, IF ANY:

1. \_\_\_\_\_ PHONE\*:

2. \_\_\_\_\_ PHONE\*:

IF THE INCIDENT INVOLVED CITY OF IRVINE EMPLOYEE(S), PLEASE INCLUDE HIS/HER NAME(S):

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

POLICE REPORT#	OFFICER CONTACT	PHONE*
FIRE REPORT#	FIREFIGHTER CONTACT	PHONE*

\_\_\_\_\_  
GRIEVANT SIGNATURE

\_\_\_\_\_  
DATE

**-OR-**

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE  
ON BEHALF OF GRIEVANT