



**City of Lodi  
ADA Complaint / Grievance Form**

Complainant: \_\_\_\_\_  
Person Preparing Complaint (if different from Complainant): \_\_\_\_\_  
Relationship to Complainant (if different from Complainant): \_\_\_\_\_  
Street Address & Apt. No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please provide a complete description of the specific complaint or grievance:**

---

---

---

---

**Please specify any location(s) related to the complaint or grievance (if applicable):**

---

---

---

---

**Please state what you think should be done to resolve the complaint or grievance:**

---

---

---

---

Please attach additional pages as needed.

Please do not contact me personally.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:

Jennifer Rhyne  
City of Lodi ADA/Section 504 Coordinator  
PO Box 3006  
221 W. Pine Street  
Lodi, CA 95240

Upon request, assistance can be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the ADA / Section 504 Coordinator at the address listed above, via telephone (209) 333-6711 or via Telecommunication Relay Service (TRS) by dialing 7-1-1, or via e-mail at [jrhyne@lodi.gov](mailto:jrhyne@lodi.gov).