

Americans With Disabilities Act (ADA) Title II

Grievance Form

Purpose: Use this form to file a grievance if you find that the Franchise Tax Board has not provided adequate accommodation for a disability.

Instructions: Complete this form, print it, sign it and mail to:

FRANCHISE TAX BOARD
EQUAL EMPLOYMENT OPPORTUNITY OFFICE MS A163
PO BOX 550
SACRAMENTO CA 95812-0550

Grievant Information

Grievant Name			
Address	City	State	ZIP Code
Home Phone (include area code) () –	Business Phone (include area code) () –		

Person (*other than Grievant*) Alleging an ADA Violation

Name			
Address	City	State	ZIP Code
Home Phone (include area code) () –	Business Phone (include area code) () –		

FTB Service, Program or Facility Allegedly in Violation

Date Alleged Violation Occurred (<i>dd/mm/yyyy</i>)
Description Of Alleged Violation and Requested Remedy
Has this case been filed with the Department of Justice or other government agency or court? <input type="checkbox"/> Yes <input type="checkbox"/> No

If You Answered “Yes” to the Previous Question, Complete the Following

Agency or Court			
Contact Person			
Address	City	State	ZIP Code
Phone (include area code) () –	Date Filed <i>(dd/mm/yyyy)</i>		
Other Comments			

Signature _____ Date: _____