



## Americans with Disabilities Act (ADA) Grievance Form

**Purpose:** Use this form to file a grievance if you find that CalSTRS has not provided adequate accommodation for a disability.

**Instructions:** Complete this form, print it, and mail to:  
CalSTRS ADA Coordinator  
Equal Employment Office  
P.O. Box 15275, MS 31  
Sacramento, CA 95851-0275

### 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)

## CalSTRS Service, Program or Facility Allegedly In Violation

Date Alleged Violation Occurred (dd/mm/yyyy)

Description of Alleged Violation

Requested Remedy

Has this case been filed with the Dept. of Justice or other government agency or court?

Yes  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)

Business Phone (include area code)

Other Comments

Signature Field

Date