

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 (dd/mm/yyyy) |
| 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 (dd/mm/yyyy) | | |
| Other Comments | | | |

Signature _____ Date: _____