**Check One:**  Accommodation (Initial Request)  Complaint/Grievance (Follow-up Request)

**Person Responsible for Request**

**Contact Person for Requesting Party**

**Street Address & Apt. No.:**      

**City:**       **State:**       **Zip:**

**Phone:** (      )      

**E-mail:**

**Please select preferred method of contact:**  US Mail  Telephone  E-mail  Other

**Please do not contact me personally** (see *Contact Person for Requesting Party* information above)

**Please specify any location(s) related to the request:**

**Please provide a complete description of the specific request:**

*Please attached additional pages, photographs, sketches or other information as necessary*

**Signature:** **Date:**

**Name:**

**Upon request, reasonable accommodation will be provided to assist in completing this form or copies of the form will be provided in alternative formats.**

**Contact the ADA Coordinator at the address provided or via telephone 760-602-2470**

**RETURN THIS FORM TO:**

Ed Garbo

ADA Coordinator

1635 Faraday Ave

Carlsbad, CA 92008