



INSTRUCTIONS

This is a fillable, printable form. Please complete, sign, and send the form to: California Victim Compensation Board, ATTN: EEO Office, 400 R Street, Sacramento, CA 95811. Or you may send a completed and signed electronic copy of the form via email to: EEO@victims.ca.gov.

SECTION A. GRIEVANT INFORMATION

Name (Last, First, MI)		Email Address		
Address	City	State	Zip Code	
Home Phone (include area code)	Business Phone (include area code)			

SECTION B. PERSON ALLEGING DISABILITY ACCESS VIOLATION (if other than grievant)

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

SECTION C. INFORMATION ON ALLEGED VIOLATION

Date Alleged Violation Occurred
Description of Alleged Violation and Requested Remedy

Has a complaint concerning this matter been filed with the Department of Justice or another government agency or court?

☐ YES ☐ NO



COMPLETE THE FOLLOWING IF YOU ANSWERED "YES" TO PREVIOUS QUESTION

Agency or Court Where Complaint Was Filed			
Contact Person at Agency			
Address	City	State	Zip Code
Telephone (include area code)			
Date Filed			
OTHER COMMENTS (please include name, address, and telephone number of legal representative, if applicable)			

Signature

Date