INSTRUCTIONS:  Please use this form to tell us about problems you or others have had accessing SFUSD programs, services, activities, and facilities because of your or their disabilities.  Please complete the form as thoroughly as possible.  If you need a copy of this form in large print or Braille, please contact our office at (415) 522-8687 or TTY: (415) 522-8688, or by e-mailing us at ada@muse.sfusd.edu  Please print clearly or type your answers if possible.  If you need help due to your disability in completing this Complaint form, you may contact the SFUSD ADA Facilities Coordinator at (415) 355-7341 or TTY (415) 522-8688, or at yradono@muse.sfusd.edu SFUSD Submit your Complaint by mail to the SFUSD ADA Facilities Coordinator at 135 Van Ness Avenue Room 213, San Francisco, California 94102, or by e-mail to ada@muse.sfusd.edu  If you prefer, you may submit your complaint to the SFUSD Director of Policy and Planning at 555 Franklin Street, San Francisco, California 94102, or by e-mail to waymackn@sfusd.edu  If you are complaining about a disability access problem, and you would like to be assisted by an attorney, you may contact class counsel in the Lopez v. San Francisco Unified School District case.  Class counsel may be reached at Schneider and Wallace, (415) 421-7100, attention Elisa Laird, or at the Legal Aid Society Employment Law Center, (415) 864-8848, attention Lewis Bossing.

I. YOUR CONTACT INFORMATION

Name: ________________________________________________________________
Address: __________________________________________________________________________
City: __________________________________________________________________________
State: __________________________________________________________________________
Zip Code: _________________________________________________________________________
Daytime Telephone Number: _______________________________________________
Alternative Telephone Number: _______________________________________________
Email Address (if applicable): ________________________________________________

II. PROBLEM INFORMATION

Please check the box(es) next to the type of access problem you have experienced.  An access problem includes having difficulty using a facility or part of a facility, or being unable to use a facility or part of a facility.  Check all of the following that apply:

School or facility with access problems: ________________________________________

☐ Sidewalks  ☐ Parking
☐ Curb Ramps  ☐ Entrances
☐ Passenger Loading Zones  ☐ Hallways

SFUSD ACCESSIBILITY GRIEVANCE FORM  
PAGE 1
□ Ramps/Lack of Ramps
□ Cafeteria, Library, Computer Lab, Auditorium, Other
□ Stairs
□ Playgrounds/Playstructures
□ Handrails
□ School Buses
□ Classrooms
□ Other ff-campus Transportation
□ Restrooms
□ Field Trip Locations
□ Drinking Fountains
□ Extracurricular Activities
□ Telephones/TTYs or TTDs
□ Fire Drills/Emergency Evacuation Procedures
□ Doors
□ Communication Aids (Readers, Interpreters, Note takers, Etc.)
□ Special Purpose Rooms (Gymnasium, Athletic Facilities)
□ Other (describe below)

For each box checked above, describe the problem, including specific location:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date(s) You Experienced Problems: __________________________________________
Where Problem(s) Occurred: ________________________________________________
Responsible SFUSD Department (if known): ___________________________________
Program Involved (if known): _______________________________________________

SFUSD Employees Involved (if known):
1. Name: _______________________________________________________________
   Title: _______________________________________________________________

   2. Name: _______________________________________________________________
      Title: _______________________________________________________________

   3. Name: _______________________________________________________________
      Title: _______________________________________________________________

Witnesses (optional):

   1. Name: _______________________________________________________________
      Address: ____________________________________________________________
      City: _______________________________________________________________
      Phone(s) ___________________________________________________________
      Email: ____________________________________________________________

SFUSD ACCESSIBILITY GRIEVANCE FORM
PAGE 2
2. Name: _______________________________________________________________
   Address: _____________________________________________________________
   City: ________________________________________________________________
   Phone(s): ____________________________________________________________
   Email: _______________________________________________________________

3. Name: _______________________________________________________________
   Address: _____________________________________________________________
   City: ________________________________________________________________
   Phone(s): ____________________________________________________________
   Email: _______________________________________________________________

4. Name: _______________________________________________________________
   Address: _____________________________________________________________
   City: ________________________________________________________________
   Phone(s): ____________________________________________________________
   Email: _______________________________________________________________

III. RESOLVING YOUR COMPLAINT:

What, if any actions did you take before now to resolve your complaint? (NOTE: You can file your complaint whether or not you have taken any other action to resolve the complaint.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What do you think would be a good way to resolve your complaint?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please attach any other information you have, such as photographs and audiotapes. Please list the information you are enclosing:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
MAKE SURE TO MAKE A COPY OF THIS COMPLAINT AND KEEP IT FOR YOUR RECORDS. A DETAILED REVIEW OF THIS COMPLAINT WILL BE PERFORMED BY SFUSD STAFF. IF YOU DO NOT HEAR FROM OUR OFFICE WITHIN TEN (10) DAYS AFTER SENDING YOUR COMPLAINT, PLEASE CONTACT US. YOU CAN REACH BY CALLING (415) 522-8687 OR TTY (415) 522-8688, OR BY E-MAILING ada@muse.sfusd.edu