

TITLE 24 DISABILITY ACCESS STANDARDS COMPLAINT FORM

DATE: _____ ACTIVITY # _____
 TIME: _____

REPORTING PARTY: _____ HOME PHONE: _____ BUSINESS PHONE: _____

ADDRESS: _____ ZIP CODE: _____

LOCATION OF DEFICIENCY: _____

SIGNATURE OF REPORTING PARTY: _____ DATE: _____

TYPE OF VIOLATION

SITE ACCESSIBILITY:

- Site entrance signage
- Parking space requirements
 - Single
 - Double
 - Van Accessible
 - Other
- Protruding objects
- Pedestrian ramps/walks/sidewalks
- Parking signage/stripping
- Curb ramps/curb cuts

BUILDING ACCESSIBILITY:

- Entrance/exits of doors
- Space allowance @ reach ranges
- A.T.M./vending machines
- Water fountains
- Stairways
- Doors/door hardware
- Elevator/control panel
- Thresholds @ doors
- Telephone
- Seating/counters/tables
- Aisles/corridors
- Ground @ floor surfaces/levels
- Handrails
- Visual/audible signals

SANITARY FACILITY ACCESSIBILITY:

- Identification symbols
- Turning radius
- Urinals
- Lavatories
- Shower/tubs
- Accessories
- Grab bars
- Water closet
- Stalls

