



# City of Hughson

## Service Request / ADA Complaint Form

Complainant: \_\_\_\_\_

Person Preparing Complaint (if different from Complainant): \_\_\_\_\_

Relationship to Complainant (if different from Complainant): \_\_\_\_\_

Street Address (Apt. No.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please provide a complete description of the specific service request or complaint:**

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**Please specify any location(s) related to the service request or complaint (if applicable):**

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**Please state what you think should be done to resolve the request or complaint:**

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Please attach additional pages as needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:

Community Development Director  
7018 Pine Street | PO Box 9  
Hughson, California 95326

Upon request, reasonable accommodation will be provided to assist completing this form, or copies of the form will be provided in alternative formats if needed. Please contact the Community Development Director at the address listed above or via telephone (209) 883.4054.