

CITY OF COACHELLA
DEPARTMENT OF BUILDING AND SAFETY
1515 Sixth St., Coachella, CA 92236
Phone (760) 398-3502 Fax (760) 398-5421

DISABLED ACCESS COMPLAINT (Architectural Barriers Act)

Complaint Information*

Name of Complainant: _____ Home Phone: _____
Mailing Address: _____ Business Phone: _____
City: _____ Zip: _____ Date: _____

FACILITY INFORMATION

Name of Building/Facility: _____
Building Address: _____ City: _____
General Location of Facility (major crossroads): _____
Approximate age of building (check one): ____ 1-5 years ____ 6-10 years ____ 11 years or more

COMPLAINT SPECIFICS

Detail of complaint: (Please describe with as much detail as possible, the access problem you encountered at this facility).

The Department of Building and Safety will investigate the specific issue addressed in this complain. Once the department completes the investigation the complainant will be notified of the department's final determination.

*Personal information furnished by the complainant will remain confidential unless legal proceedings require otherwise.