



ACCESSIBILITY COMMENT/COMPLAINT

This form should be completed by any park visitor who wants to make a comment or complaint regarding access to State Parks for persons with disabilities, or who feels that he/she has been discriminated against based on his/her disability.

Submit the completed form to the District Superintendent (for a name and address, contact the park where the incident occurred), or to either the Department Director or the Human Rights Office at **California State Parks, P.O. Box 942896, Sacramento, CA 94296-0001**.

Remember to print an extra copy of this form for your records. Questions regarding the complaint process or this form should be directed to the Human Rights Office at the above address, or by calling (916) 653-8148.

NAME		HOME PHONE NO. ()	WORK PHONE NO. ()
STREET ADDRESS		CITY/STATE/ZIP CODE	
DATE OF INCIDENT	TIME	LOCATION (<i>Park Unit</i>)	
COMMENT OR COMPLAINT (<i>If more space is needed, continue on Page 2.</i>)			<input type="checkbox"/> <i>Continued on Page 2.</i>
SIGNATURE ▶		DATE	TIME

