



CITY HALL

CITY OF ANGELS PO Box 667, 200 Monte Verda St. Suite B, Angels Camp, CA 95222 P: (209) 736-2181

ADA Grievance/Complaint Procedure

Complaints concerning discrimination on the basis of disability by the City of Angels Camp may be sent to the City Administrator, Pam Caronongan. Pam Caronongan will contact the complaint within 15 calendar days after receipt of the complaint to discuss the complaint and will respond in writing within 15 days of the discussion.

Adopted at City Council Meeting on: _____

Attest by City Clerk: _____

