



## 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 they have been discriminated against based on their disability.

Mail the completed form to the District Superintendent (for a name and address, contact the park where the incident occurred), or to either the Director of California State Parks or the Equal Employment Opportunity Office at **California State Parks, P.O. Box 942896, Sacramento, CA 94296-0001**. Completed forms can also be emailed to the Accessibility Division at [access@parks.ca.gov](mailto:access@parks.ca.gov).

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 Equal Employment Opportunity Office at the above address, or by calling (916) 653-8148.

**PLEASE SEE PRIVACY NOTICE ON PAGE 3.**

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

NAME	ACCESSIBILITY COMMENT/COMPLAINT (CONTINUED)
COMMENT OR COMPLAINT CONTINUATION	

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### PRIVACY NOTICE

**Civil Code section 1798.17 requires a Privacy Notice on Collection be provided when personal information is collected from individuals.**

**Please do not include any personal information that is not requested.**

**Each individual has the right to review personal information maintained by this agency, unless access is exempted by law. You may review your records by contacting the official responsible for maintaining your information below. We will not disclose your personal information unless authorized by law.**

**To learn more about our Privacy Policy, visit [parks.ca.gov/privacy](https://parks.ca.gov/privacy)**

AGENCY NAME	DIVISION	
Department of Parks and Recreation	Equal Employment Opportunity Office	
TITLE OF OFFICIAL RESPONSIBLE FOR MAINTENANCE OF THE INFORMATION	CONTACT PHONE NUMBER	
Staff Services Manager II	(916) 653-8148	
BUSINESS ADDRESS OF OFFICIAL	E-MAIL (OPTIONAL) (DELETE THIS TITLE IF NONE)	
P.O. Box 942896, Sacramento, CA 94296-0001	<a href="mailto:eeo.support@parks.ca.gov">eeo.support@parks.ca.gov</a>	
AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION		
28 CFR Part 35 Section 35.107		
THE FOLLOWING ITEMS OF INFORMATION ARE VOLUNTARY, ALL OTHERS ARE MANDATORY		
Complainant's work phone, street address, city/state/zip code, time of incident, and time of signature.		
THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION		
The complaint may not be resolved.		
THE PRINCIPAL PURPOSE(S) WITHIN THE AGENCY FOR WHICH THE INFORMATION IS TO BE USED		
The information is used to investigate the complaint and to reach a mutually agreeable resolution with the complainant.		
KNOWN OR FORESEEABLE DISCLOSURES OF THE INFORMATION PURSUANT TO CIVIL CODE SECTION 1798.24, SUBDIVISIONS (e) OR (f)		
Redacted copies of complaints are made available to class attorneys and court-appointed monitor as required per <i>Tucker v. DPR</i> .		