ADA GRIEVANCE FORM

Today's Date: ________________________

Complainant: ____

Address: ____

City, State, Zip: ____

Telephone and E-mail: _____________________________________

Individual Discriminated Against: _________________________________

Address: ____

City, State, Zip: ____

Telephone and E-mail:______________________________________

Alleged Violation: Date(s) of Occurrence: ____________________________

Description of Violation and County Department Involved: ___________

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____.

Requested Action by County to Correct Violation: ____________________

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____.

Has Complaint been Filed with State or Federal Agency: __ Yes ___ No.

Name of Agency: _____________________Date Filed: ___________.

Contact Person: ____.

Signature: __________________________________

SEE INYO COUNTY ADA GRIEVANCE PROCEDURES FOR SUBMISSION DIRECTIONS.

Updated August 2019