Americans with Disabilities Act (ADA) Title II
Grievance Form

Grievant Information
Grievant Name: ___________________________ Home Phone: __________________
Address: ___________________________ Business Phone: __________________
Mobile Phone: __________________

Alternative Contact Person (other than Grievant)
Name: ___________________________ Home Phone: __________________
Address: ___________________________ Business Phone: __________________
Relationship to Grievant: __________________

County Service, Program or Facility Allegedly in Violation
Date and Location of Alleged Violation (dd/mm/yyyy):


Description of Alleged Violation and Requested Remedy:
Has a complaint been filed with the Department of Justice or other government agency?

☐ Yes  ☐ No

If You Answered “Yes” to the previous question, Complete the Following Section.

Agency or Court: ___________________________ Contact Person: ___________________________

Address: __________________________________________________________

Phone: ______________ Date Filed: ______________________

Other Comments:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signature: ___________________________ Date: ______________________