AMERICANS WITH DISABILITIES ACT
ACCESS REQUEST AND COMPLAINT FORM
(Physical access to facilities and program activities)

1. Name of individual filing complaint (include department and contact number)
   _____
2. Person receiving complaint _____
3. Date complaint received _____
4. How complaint received (phone, written, union) _____

Type of complaint:

□ Facility or building access
□ Program access (training, offsite meeting)
□ Communication accommodation (hearing issues related to meetings, phones, etc.)
□ Alternative format accommodation (vision or learning/cognitive issues)
□ Other (*describe*)

Description of Complaint:

_____
_____
_____

Complaint resolved at Department level Yes _____ No _____

Describe how and when resolution occurred:

_____
_____
_____

Date of contacts with complainant: _____
_____

Date received by Departmental ADA Coordinator: _____

Chronology of contacts with Complainant:

_____
_____
_____

Date referred to County Admininistrator _____ Date referred to Board of Supervisors: _____

SUMMARY OF OUTCOME:

_____
_____
_____
_____
_____
_____

***USE ADDITIONAL PAGES AS NEEDED. DOCUMENTATION OF PROCESS IS ESSENTIAL.