

AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM FOR ACCESS/PARTICIPATION IN FACILITIES, PROGRAMS, AND SERVICES

Today's Date: _____

Name of Grievant: _____

Address of Grievant: _____

Telephone #: _____

Name, Address, Telephone # of Grievant Representative: _____

Please fill out the following questions regarding your complaint against the County facility, program or service. If you have any questions or need assistance in filling out this form, please contact The County of El Paso, Human Resources Office ADA Coordinator (915) 546-2218 or amanning@epcounty.com.

1. I was denied access or services on:

(Date): _____

2. Department or facility (address of buildings or parks) alleged to have denied access, service, or was inaccessible.

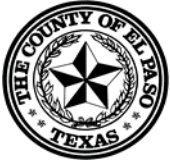
3. I'm seeking access to the following:

_____ Facility _____ Program _____ Service _____ Activity

4. I need:

_____ An Accommodation (for an activity, program, or service, example: need large print documents)

_____ A Modification (for a building or park, example: building needs a ramp)



4. Please describe the particular way in which you believe you have been denied access to County of El Paso facilities and/or participation in any County of El Paso service, program, or activity or have otherwise been subjected to discrimination. Please specify dates, times, and places of incidents, and names and/or positions of agency employees involved, if any, as well as names, addresses and telephone numbers of any eyewitnesses to any such incident. Attach additional pages if necessary.

5. Describe the way in which you feel participation may be accomplished to the benefits described above, or the way in which accommodation could be provided to allow access:

Deliver, Mail, or Fax this form to:

County of El Paso
ADA Coordinator
500 E. Overland
El Paso, TX 79901
Phone: 915-546-2218
Fax: 915-546-8126