Name of Complainant: ________________________________________________________________

Name of person preparing form, if different: ____________________________________________

P. O. Box/ Apartment/Unit Number: __________________________________________________

Street: ____________________________________________

City: ___________________________ State: _______ Zip: ___________________________

Phone: ___________________________ E-mail: ________________________________________

Best means to contact you: _________________________________________________________

Complaint/Grievance:

What is the nature of your complaint or grievance? Please include the date and location of the matter. Please attach any related documents or additional materials that relate to your case.

__________________________________________________________________________

__________________________________________________________________________

____________________________________

Location information:

Street: _____________________________ nearest house number: ___________________

City/Community name: ___________________________ Zip: _________________________

Please note: All complaints/grievances are public records.

Alternative means of filing complaints, such as personal interview or a tape recording of the complaint will be made available for persons with disabilities upon request.

Please answer all of the following questions:

Describe in detail the event or problem for which you are seeking ADA relief. Provide the names of all individuals who were involved.

If your complaint involves a specific event, when and where did the incident occur?
If this is a general request for an accommodation, describe the functional limitations caused by your disability for which you are requesting this accommodation:

Describe any accommodations that you believe would minimize or eliminate the barriers to your participation in the County’s services, activities, programs, or benefits:

If you need an accommodation to meet with the ADA Coordinator, please describe what that accommodation is:

_____________________________________________________________  ____________________
Signature of Complainant/Preparer  Date

Return this form to:  County-wide ADA Coordinator
Department of Citizen Services
Frederick County Government
401 Sagner Avenue
Frederick, Maryland  21701
Phone: 301-600-1454
ADA@FrederickCountyMD.gov
TTY: Use Maryland Relay – 711 or 800-735-2258

This document will be provided in alternative formats upon request