

**Frederick County, Maryland
ADA/504 Complaint/Grievance Form**

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