

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

Name of Complainant: \_\_\_\_\_

Name of person preparing form, if different: \_\_\_\_\_

Contact Information:

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.

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Location information:

Street: \_\_\_\_\_ nearest house number: \_\_\_\_\_

City/Community name: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you prefer any special accommodations that will assist us in contacting you?

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Signature of Complainant/Preparer

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Date

Return this form to: County-wide ADA Title II Coordinator  
Miles Ward, Director  
Division of Human Relations  
Frederick County Government  
401 Sagner Avenue  
Frederick, Maryland 21701

Phone: (301) 600-1063  
Fax: (301) 600-1636  
mward@FrederickCountyMD.gov  
TTY: Use Maryland Relay