



**COUNTY OF SONOMA
ADA TITLE II
GRIEVANCE PROCEDURE COMPLAINT FORM**

If you believe that you were denied access to a County facility, program or service due to a disability, please complete this form and submit it to:

ADA Coordinator
County of Sonoma
Human Resources
575 Administration Dr. Rm 116
Santa Rosa, CA 95403

If you need assistance in completing this form,
please contact the ADA Coordinator at (707) 565-2693

Contact Information

Reporting Individual

E-mail

Address

City

State

Zip

Home phone

Work phone

Preferred method of contact

Other contact information

Accessibility Issue

Please answer the following questions as completely as possible. The ADA designee will contact you within 15 days of receipt of this form to discuss.

Facility, Program or Service alleged to be inaccessible

When did the situation occur (date)?

Name of staff

County of Sonoma
ADA Title II – Grievance Procedure Complaint Form

Describe the situation or way in which the facility, program or service is not accessible.

Have you made efforts to resolve this issue directly with staff of facility, program or service? _____

If yes, what were the results?

How do you suggest this issue be resolved?

Signature

Date submitted

If you have a disability that requires this material to be produced in an alternate format (e.g. ADA compliant web document, large print, audiotape or computer disk) please call (707) 565-2693 to ensure arrangements for accommodation. Every reasonable effort will be made to produce the material in an alternate format. Please allow a minimum of 72 hours for your request to be processed.