

Elmore County ADA Grievance Form

Name:			
Address:			
Contact Numbers:	Home:	Work:	Cell:
E-mail Address:			
<p>Reason for grievance/complaint, or why you feel you have been discriminated against. The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Use a separate sheet if more space is needed.</p>			
<p>State if you require an alternative form for any written follow-up communications: ex: Would like an in-person meeting for follow-up.</p>			
Signature:			Date:

If you have any questions about this form, need accommodation, or a different format, please contact the Elmore County ADA Coordinator at (334) 567-1162 or send an e-mail to kbehd@elmoreco.org