

ADA GRIEVANCE PROCEDURE - COUNTY OF WELLS

GRIEVANCE FORM

COMPLAINANT INFORMATION:	
Name:	
Address:	
Daytime Phone:	
Email:	
LOCATION INFORMATION	
Address (If Known):	
Location Description:	
NATURE OF GRIEVANCE	
Sidewalk, Ramp:	
Crosswalk, Pedestrian Signal:	
Building Access:	
Programming:	
Other:	
Describe the Grievance/Complaint/Problem:	
Date of Incident, If Applicable:	
FOR LOCAL/ADA COORDINATOR USE ONLY	
County Rep. Preparing the Form if not by Complainant and Date Complaint Received:	
Date Received by Department Head, If Appl.:	
Date Received by ADA Coordinator:	
Date of Initial Contact:	
Date of Meeting or Site Visit:	
Date Assigned to Department Head/Who:	
Date Returned from Department:	
Date ADA Coordinator's Decision Mailed:	
Date Appeal Received by Commissioners:	
Date First on County Commissioner's Agenda:	
Date County Commissioner's Decision:	
Date Commissioner's Decision Mailed:	