# 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:**

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### 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:**