



Thurston County

ADA Complaint-Grievance Appeal Form

COMPLAINANT NAME: _____

DESIGNEE NAME (if applicable): _____

Designee Relationship to Complainant (if applicable): _____

CONTACT INFORMATION (please indicate): **Complainant** **Designee**

Address: _____

Phone: _____ **E-Mail:** _____

DETAILED EXPLANATION OF WHY YOU BELIEVE THE RESPONSE FROM THE COUNTY'S ADA COORDINATOR DID NOT SATISFACTORILY RESOLVE YOUR COMPLAINT: (Please attach a complete copy of your initial complaint and the response resolution letter from the County's ADA Coordinator.)

APPEAL REMEDY REQUESTED:

Complainant or Designee Signature/Date

RETURN TO: Thurston County Human Resources Department
Human Resources Director
2000 Lakeridge Drive SW
Olympia, WA 98502-6045
OR
hr@co.thurston.wa.us