

ADA Complaint-Grievance Intake Form

COMPLAINANT NAME: _____

DESIGNEE NAME (if applicable): _____

Designee Relationship to Complainant (if applicable): _____

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

Address: _____

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

DETAILED DESCRIPTION OF SPECIFIC COMPLAINT: (Include all known details such as date(s), location(s), circumstance(s), person(s) involved, witness(es), etc. Use additional paper, if necessary. Attach any other information you believe is pertinent.)

Remedy Requested: (Use additional paper, if necessary.)

Complainant or Designee Signature/Date

RETURN TO: ADA Coordinator, Thurston County Human Resources Department
2000 Lakeridge Drive SW, Olympia, WA 98502-6045