



PLUMAS COUNTY GRIEVANCE FORM COMPLAINT OF ACCESS VIOLATION OR DISCRIMINATION ON THE BASIS OF DISABILITY

Appendix A.3.3



The County will make every reasonable effort to ensure that confidentiality is maintained throughout the complaint and investigation process, to the extent consistent with the law, adequate investigation, and appropriate corrective action. This means that the County will share any sensitive information you provide here only on a need-to-know basis.

Today's Date:

Individual identifying access violation or discrimination	Name	
	Address	
	Telephone	
Authorized representative of individual above (if any)	Name	
	Address	
	Telephone	

1. Please describe the Plumas County's alleged violation of access requirements, or discriminatory action, in enough detail so that the nature of your grievance can be clearly understood. Add additional pages if necessary:

2. Please give the date(s), time(s) and location(s) of the incident(s) or observation(s) you are reporting:

3. If the incident involves a Plumas County employee(s) please provide his or her name(s), if known:

4. If the grievance involves physical access to a Plumas County public facility, land, or right-of-way, please provide the specific address(s) of those locations, if known:	
5. Please give the name(s) and address(es), if known, of any witnesses to the access violation or alleged discrimination:	
6. If this complaint is filed on behalf of a second person, or on behalf of a group of people, please provide the names and addresses of all of the grievants, if possible:	
7. What action do you want taken to correct the alleged access violation or discrimination?	
8. Is there any other information you want the County to know concerning your grievance?	
Signature:	
Date:	Signature of (check one) <input type="checkbox"/> Observer of alleged access violation <input type="checkbox"/> Victim of alleged discrimination <input type="checkbox"/> Authorized representative

Submit this form to the appropriate department head, or to the ADA Coordinator in the County Office for Accessibility. List included as **Attachment A.3.2** to the ADA GRIEVANCE PROCEDURE Attachment A.3.1.