Form Policy No.: 20.04.01

WALLA WALLA COUNTY ADA GRIEVANCE FORM

Today's Date: _____

Complainant: _____

Address: _____

City, State, Zip: _____

Telephone and email: _____

Individual Discriminated Against: _____

Address: _____

City, State, Zip: _____

Telephone and email: _____

Alleged Violation: Date(s) of Occurrence: _____

Description of Violation and County Department Involved: _____

_____

_____

_____

Requested Action by County to Correct Violation: _____

_____

_____

_____

Has Complaint been Filed with State or Federal Agency: _____Yes _____ No

Name of Agency: _____

Date Filed: _____

Contact Person: _____

Signature: _____