**El Paso County - Title II of the Americans with Disabilities Act**

**Complaint / Grievance Form**

Phone Number of Grievant: Email:

City: State: Zip:

Address of Grievant:

Relationship of Preparer to Grievant (if applicable):

Name of Person Preparing Complaint (If different from Grievant):

Name of Grievant:

. **Nature of Grievance**

**Date submitted:**

**Signature:**

**Please provide any action(s) you deem appropriate to effectively resolve this complaint or grievance** (additional documents may be attached and submitted as needed)**:**

**Please specify any location(s) related to the complaint or grievance (if applicable):**

**Please provide a complete description of the specific complaint or grievance, including any incident, barrier or perceived denial of benefit of any service, program, or activity:**

Please return this form in hard copy or email to:

Brande Blair|El Paso County - Title II ADA Coordinator **|** [ADACompliance@elpasoco.com](mailto:ADACompliance@elpasoco.com) **|** 719-520-6811