



**COUNTY OF SONOMA
ADA TITLE II
GRIEVANCE PROCEDURE COMPLAINT FORM**

If you believe that you were denied access to a County facility, program or service due to a disability, please contact:

ADA Coordinator
County of Sonoma
Human Resources
575 Administration Dr. Suite 116 B
Santa Rosa, CA 95403
Phone: (707) 565-2331
CA Relay Service: Dial 711
Fax: (707) 565-3770
Email: ada@sonoma-county.org

You can use the written form below for convenience. However, you can also file a grievance by phone, fax or e-mail using the contact information above. If you choose to use the form and need assistance completing it, please contact that ADA Coordinator.

The ADA designee will contact you to discuss the complaint within 15 days of receipt.

Contact Information

Reporting Individual

Email

Address

City

State

Zip

Home phone

Work phone

Preferred method of contact

Other contact information

Accessibility Issue

Facility, Program or Service alleged to be inaccessible

When did the situation occur (date)?

Name of staff

County of Sonoma
ADA Title II – Grievance Procedure Complaint Form

Describe the situation or way in which the facility, program or service is not accessible.

Have you made efforts to resolve this issue directly with staff of facility, program or service? Yes No

If yes, what were the results?

How do you suggest this issue be resolved?

Signature

Date Submitted

If you have a disability that requires this material to be produced in an alternate format (e.g. ADA compliant web document, large print, audio file, or other) please call (707) 565-2331, or CA Relay: Dial 711 or send an e-mail to ada@sonoma-county.org to ensure arrangements for accommodation. Every reasonable effort will be made to produce the material in an alternate format. Please allow a minimum of 72 hours for your request to be processed.