

ADA GRIEVANCE PROCEDURE - County OF STEUBEN

GRIEVANCE FORM

COMPLAINANT INFORMATION:

Name:

Address:

Daytime Phone:

Email:

LOCATION INFORMATION

Address (If Known):

Location Description:

NATURE OF GRIEVANCE

Sidewalk, Ramp:

Crosswalk, Pedestrian Signal:

Building Access:

Programming:

Other:

Describe the Grievance/Complaint/Problem:

Date of Incident, If Applicable:

FOR LOCAL/ADA COORDINATOR USE ONLY

County Representative Preparing the Form if not
by Complainant and Date Complaint Received:

Date Received by Department Head, If Appl.:

Date Received by ADA Coordinator:

Date of Initial Contact:

Date of Meeting or Site Visit:

Date Assigned to Department Head/Who:

Date Returned from Department:

Date ADA Coordinator's Decision Mailed:

Date Appeal Received by Commissioners:

Date First on County Commissioners Agenda:

Date County Commissioners Decision:

Date Commissioners Decision Mailed: