



### COUNTY OF LANCASTER

**AMERICANS WITH DISABILITIES ACT (ADA) TITLE II  
GRIEVANCE FORM**

**Grievant Information**

Grievant Name: _____	Home Phone (include area code): _____
Address: _____	Business Phone (include area code): _____
	Mobile Phone (include area code): _____

**Alternative Contact Person (other than Grievant)**

Name: _____	Home Phone (include area code): _____
Address: _____	Business Phone (include area code): _____
	Relationship To Client: _____

**County Service, Program or Facility Allegedly in Violation**

Date and Location of Alleged Violation (dd/mm/yyyy) \_\_\_\_\_

Description of Alleged Violation and Requested Remedy \_\_\_\_\_

Has a complaint been filed with the Department of Justice or other government agency?

Yes  No

**If You Answered "Yes" to the Previous Question, Complete the Following**

Agency or Court: _____	Contact Person: _____
Address: _____	Phone (include area code): _____

Date Filed: \_\_\_\_\_

Other Comments \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

