



## **ADA Grievance Form**

*Please complete and sign the form and submit it within 60 calendar days*

Director of Human Resources/ADA Coordinator  
Boone County Administration Building  
2950 Washington St., Box 900  
Burlington, KY 41005

### **TYPE OF GRIEVANCE (Check All That Apply):**

- Accommodation Request
- Program/Service
- Facility Accessibility
- Other: \_\_\_\_\_

### **CONTACT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

### **DETAILS OF COMPLAINT / INCIDENT**

Date/Time of Incident \_\_\_\_\_

Facility/Location Involved \_\_\_\_\_

Describe the incident/complaint \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Add additional pages if necessary)*

Have attempts been made to resolve the complaint through a County Department?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

8. What remedy are you seeking? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Submit Form to: Director of Human Resources/ADA Coordinator  
Boone County Administration Building  
2950 Washington St., Box 900  
Burlington, KY 41005  
  
859-334-2100, phone