

COUNTY OF MENDOCINO
ADA Complaint Resolution Form

This form is to be used by employees and members of the public to request that the County of Mendocino provide an accommodation to a disability. For example, such a reasonable accommodation would assist a member of the public to participate in County Government or to receive services or, in the case of an employee, enable the employee to perform essential job functions.

I. CONTACT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ TDD Number: _____
E-mail: _____

Name, address, and telephone number of representative filing this complaint on complainant's behalf:

II. DESCRIPTION OF COMPLAINT

Date of event: _____ Time of event: _____

Location of event: _____

Describe the complaint:

Name(s) of alleged offender(s): _____

Name(s) of witnesses, if any: _____

Describe desired remedy/remedies:

Submitted by: (signature)

Date

Received by: (signature)

Date

Submit your completed form to Mendocino County Human Resources Department located at 501 Low Gap Road, Room 1326, Ukiah, CA 95482, or by email to hr@mendocinocounty.org