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