

Greene County Board of Commissioners

ADA GRIEVANCE PROCEDURE - COMPLAINT FORM

Name: _____ Home Telephone: _____

Work Telephone: _____

Address: _____ Mobile Telephone: _____

_____ E-mail Address: _____

When did the acts that you believe were discriminatory occur? Date(s):

Please describe the act(s) that you believe were discriminatory.

Please be specific. Use additional sheets if necessary.

Signature (can be electronic)

Date