



Mecklenburg County Complaint/Grievance Form

(Please type or print clearly)

Name: _____ Date incident occurred: _____

Address: _____ County Department where incident occurred:

State: _____ Zip Code: _____ Address where incident occurred: _____

Home telephone: _____ Have you contacted anyone in the
Business telephone: _____ above named department regarding your complaint?
_____ Yes _____ No

If yes, please provide name and telephone number of contact person: _____

Telephone: _____ number of contact person: _____

Have you filed a formal complaint with the department? ____ Yes ____ No

If yes, Name: _____ Telephone: _____ Date: _____

Describe nature of grievance (Be specific--name, dates, locations, etc.):
(Attach additional sheet if necessary.)

Explain why you feel that Mecklenburg County has discriminated against you on the basis of your disability:

Signature of Complainant

Date Completed

Return completed form to: ADA Coordinator
Office of the County Manager
600 East 4th Street, 11th Floor, Charlotte, NC 28262

Received by ADA Coordinator: _____