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 above named department regarding your complaint? _____Yes _____No

Business telephone: __________________________

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.)

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________________________________

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: ____________