



COUNTY OF EL DORADO, CALIFORNIA

<http://www.edcgov.us/ADA.aspx>

Americans with Disabilities Act (ADA) Grievance Form

Please provide a complete description of the specific grievance. Include all known names and contact information. Add additional pages if necessary:

Please give the date(s), time(s), and location(s) related to the grievance:

Please state what you think should be done to resolve the grievance:

Grievant: _____

Person preparing grievance (if different from grievant): _____

Relationship to grievant (if different from grievant): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Return to: **ADA Coordinator, Department of Transportation, Community Development Services,
2850 Fairlane Court, Placerville CA 95667; or**

**ADA Coordinator, Facilities, Chief Administrative Office,
3000 Fairlane Court, Suite 1, Placerville, CA 95667**

You will receive an acknowledgement of receipt within 15 calendar days of the submittal date. Upon request, reasonable accommodation will be provided in completing this form or copies of the form will be provided in alternative formats. Contact the appropriate ADA Coordinator at the physical address listed above, via email at adacoordinator@edcgov.us, or via telephone at (530) 621-5900 (DOT) or (530) 621-5890 (Facilities).