



Skamania County - ADA Grievance Form

Complainant Name:

Designee Preparing Grievance (if different from Complainant):

Designee's Relationship to Complainant:

Street Address & Apt. No.:

City:

State:

Zip:

Phone: ()

E-mail:

Preferred contact method to discuss grievance:

Please provide a complete description of the specific grievance:

Please specify any location(s) related to the grievance (if applicable):

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

Please attach additional pages as needed.

Please do not contact me personally.

Signature: _____ Date: _____

Return to: Skamania County, Sara Slack, ADA Coordinator/Human Resources Administrator, 240 NW Vancouver Avenue, P.O. Box 790, Stevenson, WA 98648 or email to sslack@co.skamania.wa.us.

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact Sara Slack, ADA Coordinator/Human Resources Administrator, at the address listed above, by e-mail sslack@co.skamania.wa.us, by telephone at 509-427-3976, or 7-1-1 (Washington Telecommunication Relay Service).



Skamania County - ADA Grievance Appeal Form

Complainant Name:

Designee Preparing Grievance (if different from Complainant):

Designee's Relationship to Complainant:

Street Address & Apt. No.:

City:

State:

Zip:

Phone: ()

E-mail:

Preferred contact method to discuss grievance:

PLEASE PROVIDE A DETAILED EXPLANATION OF WHY YOU BELIEVE THE RESPONSE FROM THE COUNTY'S ADA COORDINATOR DID NOT SATISFACTORILY RESOLVE YOUR GRIEVANCE (Please attach a complete copy of your initial grievance and the response resolution letter from the County's ADA Coordinator):

APPEAL REMEDY REQUESTED:

Please attach additional pages as needed.

Signature: _____ Date: _____

Return to: Skamania County, Sara Slack, ADA Coordinator/Human Resources Administrator, 240 NW Vancouver Avenue, P.O. Box 790, Stevenson, WA 98648 or email to sslack@co.skamania.wa.us.

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