Val Verde County

ADA Grievance Form
Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973

Instructions: Please fill out this form completely. Sign and send it to the address at the bottom of the page. Incomplete forms will not be processed.

Name:_____

Address: _____

City: _____ State: _____ Zip:_____

Phone: (___)_____ E-mail: _____

Grievance Information

Address: _____ Time/Date: _____

_____

_____

_____

_____

Signature: _____ Date: _____

Please return to: ADA Transition Plan Coordinator, 400 Pecan, Del Rio, Texas 78840

For Office Use Only

Facilities outside County jurisdiction will be forwarded to the appropriate entity by the County of Val Verde.

File #: _____ Date Received: _____ Received by: _____

Notes:

_____

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Reviewer Name: _____ Title:_____ADA Plan Coordinator____

Signature: _____ Date: _____