



proud past, promising future

CLARK COUNTY
WASHINGTON

Clark County Americans with Disabilities Act

Risk Management Office

DISABILITY SERVICES COMPLAINT FORM

Clark County Programs, Services and Activities

Section 504 – Federally Funded Programs

Purpose: To provide individuals receiving or participating in County programs, services and activities a means to initiate complaints regarding possible discriminatory practices. Please note that a written complaint is not required. Individuals may call or contact the Clark County Risk Management Office to file a complaint. Numbers for the Clark County Risk Management Office are in the front page footer of this document. The Clark County Risk Management Office will contact you to investigate the complaint or acquire additional information. You may attach any written material, photographs or other documentation you feel is relevant to the complaint.

General Information: If you are completing this form for another individual or a dependant please provide your name, address and phone number in this section.

Name: _____

Address: _____

Phone: _____

Name of Complainant:	Work Phone:
Street Address:	Home or Cell Phone:
City, State, Zip Code:	Email:

My Complaint is : *(Use additional Pages if Necessary)*

Name and location of program, service or activity where the incident occurred:

Please provide names, addresses and phones numbers of any witnesses:



Have you tried to resolve this situation through any informal procedure where the incident took place?

Yes No

If "Yes" what was the result?

Who did you talk to?

Please provide the telephone number for the person you spoke with?

Print Name: _____

Signature: _____

Date: _____