COUNTY OF NEVADA

ACCESSIBILITY COMPLAINT FORM

October 2001

NAME: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

(___) _____ (___) _____
(Day Phone) (Evening Phone)

Please provide the following information:
Date(s) and manner in which accessibility to facilities, services, programs or activities was denied or impaired: _____

Location and Department: _____

Please describe the incident or barrier to County facilities, services, programs or activities. Attach additional pages, if necessary. _____

_____

_____

_____

_____

Do you wish to make an informal, confidential presentation of your complaint to the Accessibility Coordinator? (check one) Yes_____ No_____

What actions do you request be taken to correct the accessibility problem? _____

_____

_____

_____

_____

Signature/Date: _____

Send completed form to: Accessibility Coordinator, Human Resources Department, 950 Maidu Ave., Nevada City, CA 95959.