



COUNTY OF NORTHAMPTON

669 WASHINGTON STREET
EASTON, PENNSYLVANIA 18042

Americans with Disabilities Act (ADA) Title II

Grievance Form

Grievant Information

Grievant Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

Mobile Phone: _____

Alternative Contact Person (other than Grievant)

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

Relationship to Grievant: _____

County Service, Program or Facility Allegedly in Violation

Date and Location of Alleged Violation (dd/mm/yyyy):

Description of Alleged Violation and Requested Remedy:

Has a complaint been filed with the Department of Justice or other government agency?

Yes No

If You Answered "Yes" to the previous question, Complete the Following Section.

Agency or Court: _____ Contact Person: _____

Address: _____

Phone: _____ Date Filed: _____

Other Comments:

Signature: _____ Date: _____
