

COUNTY OF HUMBOLDT

DISCRIMINATION ON THE BASIS OF DISABILITY COMPLAINT FORM

This form should be used by all persons who wish to file a complaint against the County or its officers or employees because of discrimination on the basis of disability. The completed form should be filed with either the County Personnel Director, the County Administrative Officer or the County official directly responsible for the service, program or activity, whomever is most appropriate under the circumstances. Investigation of all complaints shall be handled in an expedited fashion.

Questions regarding the complaint procedure or the County's policy on nondiscrimination on the basis of disability may be directed to the ADA Coordinator Room 111 (Administrative Office), Humboldt County Courthouse, 825 Fifth Street, Eureka, CA 95501, telephone (707) 445-7266.

Name _____

Address _____

_____ Telephone _____

Check if applicable: Current County employee _____

Applicant for County job _____

1. Clearly describe your complaint or difficulty in detail:

2. Time, date, and location of the incident(s):

3. Names of any County employees who are involved or other witnesses (if known):

4. Has this complaint been discussed with the responsible County party?

Yes _____ No _____

5. What remedy or corrective action is requested?

I certify that all statements or allegations made herein are true to the best of my knowledge.

Signature _____ Date _____