



# Utah County ADA Grievance Form

Accessibility complaint and grievance form

## Purpose

Employees and members of the public can use this form to report concerns or file a complaint about disability discrimination, denial of access, or noncompliance with the Americans with Disabilities Act (ADA).

Please complete all sections so your concern is properly reviewed. Assistance in completing this form is available upon request.

## 1. Complainant Information

**Name**

**Role** (select one)

☐

Employee

☐

Visitor / Member of Public

**Address**

**Phone** (example: 801-555-0100)

**Email** (example: name@example.com)

## 2. Incident Information

**Date(s) of Incident** (MM/DD/YYYY)

**Location of Incident**

**Individual(s) or Department Involved** (if known)

## 3. Description of Concern or Complaint

Describe in detail the alleged act(s) of discrimination, denial of accommodation, or accessibility barrier. Include specific facts, dates, and names if possible. Attach additional pages or supporting documents if needed.

**Description of concern or complaint**

## 4. Efforts to Resolve Informally

Have you discussed this concern with a supervisor or ADA representative before filing this form?

☐

Yes

☐

No

If yes, describe who you contacted and the outcome

## 5. Desired Resolution

Outcome, accommodation, or corrective action you are seeking

## 6. Signature

I certify that the information provided is accurate and complete to the best of my knowledge.

**Signature**

**Date** (MM/DD/YYYY)

### Submit this form to

**ADA Coordinator, Alice Black**

51 S University Ave., Suite 323, Provo, UT 84601

Phone: [801-850-4830](tel:801-850-4830) or 711 (relay service)

Email: [accessibility@utahcounty.gov](mailto:accessibility@utahcounty.gov)

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