Pend Oreille County
Human Resources
Post Office Box 5025, Newport, WA 99156-5025

Phone: (509) 447.6499
FAX: (509) 447.0595
hr@pendoreille.org

ADA Complaint – Grievance Intake Form

COMPLAINANT NAME: _____

DESIGNEE NAME (if applicable): _____

Designee Relationship to Complainant (if applicable): _____

CONTACT INFORMATION (please indicate): ◯ **Complainant** ◯ **Designee**

Address: _____

Phone: _____ **E-Mail:** _____

DETAILED DESCRIPTION OF SPECIFIC COMPLAINT: (Include all known details such as date(s), location(s), circumstances(s), person(s) involved, witness(es), etc. Use additional paper if necessary. Attach any other information you believe is pertinent.)

REMEDY REQUESTED: (Use additional paper if necessary.)

Signature of Complainant or Designee **Date**

RETURN COMPLETED FORM AND ATTACHMENTS TO:

EEO/ADA Coordinator, Pend Oreille County Human Resources Department
PO Box 5025, 625 W 4th Street, Newport, WA 99156
hr@pendoreille.org
Fax (509) 447-0595