ADA Complaint / Grievance Form

This form is to be used ONLY for issues on sidewalks and streets located in unincorporated Maricopa County or Programs (i.e. public meetings) operated by the Maricopa County Department of Transportation

Complainant:				
Person Preparing Complain			nt):	
Relationship to Complainant (If different from Complainant):				
Street Address & Apartment	:Number:			
City <u>:</u>				
Phone: ()				
Please provide a complete o	description of th	ne specific com	plaint or griev	ance:
Please specify any location((s) related to th	e complaint or (grievance (if a	pplicable):
Please state what you think	should be don	e to resolve the	complaint or	grievance:
Signature:		D	ate:	
Return to: Reed Kempton Senior Transportation P Maricopa County Depar 2901 West Durango Stre	tment of Tran	•		

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact Reed Kempton at the address listed above, via telephone (602) 506-7742 or email, Reed.Kempton@Maricopa.gov.