

**COUNTY OF NEVADA
TITLE II OF THE AMERICANS WITH DISABILITIES ACT
ACCESSIBILITY COMPLAINT FORM**

NAME: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

() ()
(Day Phone) (Alternate Phone)

Please provide the following information:

Date(s) and manner in which accessibility to facilities, services, programs or activities was denied or impaired: _____

Location and Department: _____

Please describe the incident or barrier to County facilities, services, programs or activities. Attach additional pages, if necessary. _____

Do you wish to make an informal, confidential presentation of your complaint to the ADA Accessibility Coordinator? (check one) Yes _____ No _____

What actions do you request be taken to correct the accessibility problem? _____

Signature/Date: _____

Send completed form to: ADA Accessibility Coordinator, County Executive Office, Risk Management, 950 Maidu Ave. Suite 220, Nevada City, CA 95959.