

Clackamas County Social Services ADA Complaint Form

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact Clackamas County Social Services at 503-655-8640.

Complete this form and return to:

Clackamas County Social Services Division

Attn: Administrative Services Manger

2051 Kaen Rd. Oregon City, OR 97045

teresachr@clackamas.us

FAX: 503-655-8889

Complainants Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Home: _____

Telephone Cell: _____ Email Address: _____

Person (s) Discriminated Against (if other than complainant):

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Home: _____

Telephone Cell: _____ Telephone Work: _____

On which of the following is the discrimination based?

Disability

Reasonable Accommodation

Other

Date of Alleged Discrimination: _____

Location: _____

Agency or person who was responsible for alleged discrimination: _____

Describe the alleged discrimination. Explain what happened and whom you believe was responsible (for additional space, attach additional sheets of paper to this form).

How can this complaint be resolved? How can the problem be corrected?

Please sign and date. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information that you think is relevant to your complaint.

Signature

Date