

ADA Roadway Right-of-Way Grievance Form
Department of Transportation and Development
Clackamas County, Oregon

1. **Date of grievance** _____
2. **Name of person filing the grievance** _____
3. **Contact information**

Address _____

Phone _____ Email _____

4. **Date of alleged discrimination** _____

5. **Please describe in detail** what prevented you from being able to access a Clackamas County roadway. Include dates, locations, witnesses and any other details that will help the county investigate your grievance. (Please continue on back of page or add pages if necessary.)

6. **Have you discussed this matter with county staff?** If yes, whom?

7. **What would you like to see done to resolve this issue?** _____

Signature _____ **Date** _____

If, because of your disability, you need assistance in completing this form, please notify the County's Department of Transportation and Development ADA Coordinator at 503-742-4696.