To request translation or disability-related accommodations, please contact us at **DTDcompliance@clackamas.us** | **503-742-4400**.

Si quiere solicitar servicios de traducción o adaptaciones para la discapacidad, contáctenos en/al **DTDcompliance@clackamas.us** | **503-742-4400**.

Чтобы запросить перевод или приспособления, связанные с инвалидностью, пожалуйста, свяжитесь с нами по:
DTDcompliance@clackamas.us | **503-742-4400**.

Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними:
DTDcompliance@clackamas.us | **503-742-4400**.

如需翻译服务或残障相关的协助，请与我们联系：
DTDcompliance@clackamas.us | **503-742-4400**。

Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua **DTDcompliance@clackamas.us** | **503-742-4400.**

Clackamas County
www.clackamas.us

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.