



ALLEGHENY COUNTY

AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

Grievant Information	Date: _____ / _____ / _____
Name:	Phone:
Address:	Mobile:
	TTY:
	Email:
I am a: <input type="checkbox"/> County Job Applicant <input type="checkbox"/> County Employee <input type="checkbox"/> Private Citizen <input type="checkbox"/> Other _____	
Alternative Contact Person (other than grievant)	
Name:	Phone:
Address:	Mobile:
	TTY:
	Email:
County Service, Program, or Facility Allegedly in Violation	
Date of alleged Violation _____ / _____ / _____	Location of alleged Violation:
Description of alleged violation and requested remedy:	
Did you submit a "Disability Accommodation Request Form" prior to filing this grievance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this case been filed with the Department of Justice or other government agency or court? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "yes" to the previous question, complete the following:	
Agency or Court:	Contact Person:
Address:	Phone:
	Date Filed: _____ / _____ / _____
Other Comments:	
After completing the form, please send to: Caylin N. Snyder, ADA Coordinator, Department of Human Resources, County of Allegheny, 920 City-County Building, 414 Grant Street, Pittsburgh, PA 15219 or via Fax 412-350-5230 or email: Caylin.Snyder@alleghenycounty.us	
Signature:	Date: _____ / _____ / _____