LINCOLN COUNTY

AMERICANS WITH DISABILITIES ACT
GRIEVANCE COMPLAINT FORM

In accordance with the requirements Section 504 of the Rehabilitation Act of 1973 (the "Act"), Title II of the American with Disabilities act of 1990 (the "ADA") and the applicable implementing regulations (collectively the "Regulations"), Lincoln County (the "County") will not discriminate against qualified individuals with disabilities in its facilities, services, programs or activities.

NOTE: the following information is necessary to assist the County in processing any alleged violation of the Regulations. If any person interested in filing a grievance complaint (the "Grievance") needs assistance (including sign language assistance, documents in Braille or other ways of making information and communications accessible) please contact the Lincoln County's ADA Coordinator:

MEGAN H. GILBERT
County Attorney and ADA Coordinator
Lincoln County Administration Building
353 N. Generals Blvd.
Lincolnton, NC 28092
adacoordinator@lincolncounty.org
704-736-8471

Office Hours: Monday thru Friday, 8:00 a.m. to 5:00 p.m.

To file a Grievance, you may do one of the following:

Mail this completed form to:
Lincoln County ADA Coordinator
P.O. Box 738
Lincolnton, NC 28093

Email a completed form to:
adacoordinator@lincolncounty.org

Deliver in person this completed form to:
Lincoln County Administration Building
353 N. Generals Blvd.
Lincolnton, NC 28092

Any grievance must be filed within 60 calendar days of the alleged violation.

GRIEVANCE COMPLAINT FORM

I. IDENTIFYING INFORMATION.

A. Date of incident resulting in Grievance: _____

B. Complainant's Contact Information:

_____
FIRST NAME MIDDLE INITIAL LAST NAME

_____
STREET ADDRESS CITY ZIP CODE

_____
PHONE NUMBER (DAYTIME) E-MAIL ADDRESS

C. Person discriminated against (if someone other than Complainant).

_____
FIRST NAME MIDDLE INITIAL LAST NAME

_____
STREET ADDRESS CITY ZIP CODE

_____
PHONE NUMBER (DAYTIME) E-MAIL ADDRESS

II. INFORMATION ABOUT THE LINCOLN COUNTY SERVICE, PROGRAM OR ACTIVITY IN VIOLATION OF AMERICANS WITH DISABILITIES ACT OR SECTION 504 OF THE REHABILITATION ACT OF 1973.

A. Please provide the following information about the Lincoln County agency, facility, department, or program that this Grievance is pertaining to. Please only fill out the sections relevant to this Grievance.

LINCOLN COUNTY AGENCY: _____

LINCOLN COUNTY DEPARTMENT: _____

LINCOLN COUNTY PROGRAM: _____

LINCOLN COUNTY FACILITY: _____

B. In your own words, describe the circumstances leading to this Grievance. Please describe, what happened and who you believe was responsible. If possible, provide names of the individuals involved. For additional space, attach additional sheets of paper as necessary.

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C. If not already stated above, where did the incident take place? Please provide as much information about the facility/ location of this incident as possible.

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_____

D. Were there any witnesses to the incident? ☐ YES ☐ NO
If yes, please provide as much information as possible about any witness(es), attach additional sheets of paper as necessary.

_____
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_____

E. Have you filed or intend to file a grievance or complaint about this same incident with any other federal, state or local governmental agency or with a federal or state court?
☐ YES ☐ NO ☐ UN-DECIDED

F. If you answered "Yes" to the last question, please provide the following information:

AGENCY NAME: _____

DATE FILED: _____

AGENCY REPRESENTATIVE CONTACT INFORMATION:

_____
FIRST NAME **LAST NAME**

_____
STREET ADDRESS **CITY** **ZIP CODE**

_____
PHONE NUMBER (DAYTIME) **E-MAIL ADDRESS**

Please provide the contact information of your representative, attorney, or any other individual that has assisted you, or is still assisting you in filing the complaint:

FIRST NAME	LAST NAME	
STREET ADDRESS	CITY	ZIP CODE
PHONE NUMBER (DAYTIME)	E-MAIL ADDRESS	

G. Please provide any additional information that you believe would assist with an investigation, attach additional sheets of paper as necessary.

H. Briefly explain what remedy, or action, you are seeking for the alleged discrimination.

The Complainant must sign the grievance in the space provided below and date. Please attach any documents you believe may support or be relevant to your Grievance.

Complainant Signature

Date Signed: _____