

**Frederick County, Maryland
ADA/504 Complaint/Grievance Form**

Name of Complainant: _____

Name of person preparing form, if different: _____

Contact Information:

P. O. Box/ Apartment/Unit Number: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Best means to contact you: _____

Complaint/Grievance:

What is the nature of you complaint or grievance? Please include the date and location of the matter. Please attach any related documents or additional materials that relate to your case.

Location information:

Street: _____ nearest house number: _____

City/Community name: _____ Zip: _____

Do you prefer any special accommodations that will assist us in contacting you?

Signature of Complainant/Preparer

Date

Return this form to: County-wide ADA Title II Coordinator
Miles Ward, Director
Division of Human Relations
Frederick County Government
401 Sagner Avenue
Frederick, Maryland 21701

Phone: (301) 600-1063
Fax: (301) 600-1636
mward@FrederickCountyMD.gov
TTY: Use Maryland Relay