

## DOÑA ANA COUNTY AMERICANS WITH DISABILITIES ACT PUBLIC GRIEVANCE FORM

Please complete this form as completely as possible. If you need help filling out this form, we would be happy to help you.

## Signed complaints should be sent to: Human Resources Doña Ana County 845 N. Motel Blvd. Las Cruces, NM 88007 Phone: 575-647-7210 (voice) 575-647-7285 (TTY) E-mail: EEO@donaanacounty.org

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Your Name:				
Your Address:				
City:	State:	Zip:		
Phone Number:	Alterr	Alternate Phone Number:		
If completing on behalf of some	one:			
Organization:				
Contact Person:	Pho	one Number:		
Describe in as much detail as po	ossible what happened	?		
When did it happen?				
Where did it happen?				
Can you name anyone involved?	?			
How would you like this resolve	d? What relief do you	seek?		

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Signature:	 	Date:	