



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 Boulevard
Las Cruces, NM 88007

Phone: 575-647-7210 (voice)
575-647-7285 (TTY)

E-mail: EEO@donaanacounty.org

Your Name: _____

Your Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

If completing on behalf of someone:

Organization: _____

Contact Person: _____ Phone Number: _____

Describe in as much detail as possible what happened? _____

When did it happen? _____

Where did it happen? _____

Can you name anyone involved? _____

How would you like this resolved? What relief do you seek? _____

Signature: _____

Date: _____