



**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 Department
Dona Ana County
845 N. Motel Boulevard
Las Cruces, NM 88007

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

E-mail: kateo@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? _____
