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        Phone: 575-647-7210 (voice)
Doña Ana County        575-647-7285 (TTY)
845 N. Motel Blvd.
Las Cruces, NM 88007    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? ______________________________