DEPARTMENT OF
CITIZEN SERVICES
10 Distillery Drive Suite 101
Westminster, Maryland 21157-5194
1-410-386-3600
1-888-302-8978
Fax 410-876-5255
TT Users (MD Relay):
711/800-835-2258

Christine Cambareri Kay
Director

ADA GRIEVANCE FORM

Name: _____ _____ **Date:** _____
Last **First**

Representative:
(on behalf of Complainant) _____ _____
Last **First**

Mailing Address: _____

Phone: _____ **Email:** _____
please print legibly

Please check one: **Complaint** ☐

Please Note: Grievances are public record.

Details: Please use the details section to give information about the alleged discrimination such as name, address, phone number of complainant and location, date and description of the problem. **Please use back of form if necessary**. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request.

_____
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_____
_____

_____ _____
Name Date

Please mail or deliver this form to:

Christine C. Kay, Director,
Department of Citizen Services,
10 Distillery Drive, Suite 101
Westminster, MD 21157

For Citizen Services use only

Received by: _____ Date: _____ Time: _____

Response and all documentation to be attached to this form.