

Washington County, Maryland ADA/504 Complaint/Grievance Form

Name of Complainant: _____ **Date:** _____

Name of person preparing form, if different: _____

Contact Information:

P.O. Box/Apartment/Unit Number: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Best means of contact: _____

Complaint/Grievance:

What is the nature of your complaint or grievance? Please include the date and location of the matter. Please attach any related documents or additional materials (photographs, etc.) that relate to your case.

Location Information

Street: _____ Nearest house number: _____

City/Community Name: _____ Zip: _____

Do you prefer any special accommodations that will assist us in contacting you? If so, specify below:

Signature of Complainant/Preparer: _____ Date: _____

Return this form to: Laurence Etchison, SPHR
ADA Title II Coordinator
Department of Health & Human Services
100 West Washington Street, Room 251
Hagerstown, MD 21740

Phone: (240) 313-2253 Fax:
(240) 313-2351
letchison@washco-md.net
TTY: Use Maryland Relay