

## ADA Complaint/Grievance Form

### Section I

Name:

Address:

Telephone (Home/Cell):

Telephone (Work):

Email Address:

### Section II

Are you filing this complaint on your own behalf: Yes  No

\*If you answered "yes" to this question, go to Section III.

If you answered "no" please enter the name and relationship of the person you are filing the complaint against:

Name:

Relationship:

If you are filing a complaint as a third party, please explain why in the space below:

Have you have obtained permission of the aggrieved party if you are filing on behalf of a third party: Yes  No

### Section III

I believe the discrimination I experienced was based on (check all that apply):

Race

Color

National Origin

Date of Alleged Discrimination  
(Month, Day, Year):

Date:

Explain, as clearly as possible, that happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. If more space is needed please attach additional sheets to this form:

**Section IV**

Have you previously filed an ADA complaint)? Yes  No

**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes  No

If yes, please check and name all that apply:

Federal Agency: \_\_\_\_\_

Federal Court: \_\_\_\_\_

State Agency: \_\_\_\_\_

State Court: \_\_\_\_\_

Local Agency: \_\_\_\_\_

Please provide information about a contact person at the agency/court

where the complaint was filed.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Section VI

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this form in person at the address below, or mail form to:

Johnny Montiel, B.S., CFM, NMCGISS  
Roosevelt County, NM  
Planning /GIS / Rural Addressing Dept.  
109 W 1st St.  
Portales, NM 88130  
575-359-2869 (office)  
575-607-5700 (cell)