

Brazoria County Title II Grievance Form

Today's Date: _____

Name of Complainant: _____

Address of Grievant: _____

Telephone Number of Grievant: _____

Agency alleged to have denied access:

Department: _____

Division/Office: _____

Location: _____

I was denied access on: _____ (date)

Disability Statement:

My disability is: _____

The problem is: temporary _____ permanent _____

I am seeking access to the following Brazoria County service, program, or activity in which I have not been able to participate because I need an accommodation: _____

Proposed Access or Accommodation:

The accommodation I seek: _____

Incident or Barrier:

Please describe the particular way in which you believe you have been denied the benefits of any service, program, or activity or have otherwise been subjected to discrimination. Please specify dates, times, and places of incidents, and names and/or positions of County employees involved, if any, as well as names, addresses, and telephone numbers of any eyewitnesses to any such incident. Attach additional pages if necessary. Include a description of the manner in which you feel access may be established the benefits described above, or the way in which accommodation could be provided to allow access.

Hand Deliver, Mail, Fax, or E-mail this form to: Brazoria County Title II Coordinator, Brazoria County Courthouse West Annex, 111 E. Locust, Bldg. A-29, Suite 220, Angleton, Texas 77515; (979) 864-1499 (fax); titleiicoordinator@brazoria-county.com (e-mail).