



ADA Grievance Appeal Form

Appeals concerning a decision made by the ADA Coordinator pertaining to discrimination on the basis of disability by Weber County Corporation shall be filed in writing using this ADA Grievance Appeal Form. Please complete the form and send it to the ADA Appeal Officer at ccrawley@webercountyutah.gov. The ADA Appeal Officer will contact the complainant within 15 calendar days after receipt of the complaint to discuss the complaint and will respond in writing within 15 days of the discussion.

*First Name

*Last Name

*Phone

*Email

Contact Address

Unit#

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Please describe the accessibility issue you encountered.

*Please provide a complete description of your grievance.

Did you notify the ADA Coordinator?

- Yes
- No

*Please describe the decision that was made by the ADA Coordinator.

*Please state what you think should be done to resolve your grievance.

*Please describe the location of the accessibility issue.



***What is your preferred method of communication? (select all that apply)**

- Voice Telephone
- SMS Text
- Email
- US Mail
- Other (please explain below)

Signature of Appellant

Date

Please submit this document to Weber County
2380 Washington Blvd., Suite 340, Ogden, UT 84401
ccrawley@webercountyutah.gov