



## ADA TITLE II GRIEVANCE FORM

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Name of grievant: \_\_\_\_\_

Mailing address of grievant: \_\_\_\_\_

Email address of grievant: \_\_\_\_\_

Phone Number of grievant: \_\_\_\_\_

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

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

Have you have obtained permission of the aggrieved party to file this grievance on their behalf? Yes  No

Date when grievant claims Santa Fe County failed in a program, activity or service to fulfill a requirement of Title II of the ADA: \_\_\_\_\_.

Location at which grievant claims Santa Fe County failed in a program, activity or service to fulfill a requirement of Title II of the ADA: \_\_\_\_\_.

Statement of grievance, setting forth a detailed explanation of how Santa Fe County failed in a program, activity or service to fulfill a requirement of Title II of the ADA (to the extent possible include name and contact information of person(s) who discriminated against grievant, as well as the names and contact information of any witnesses).

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Relief Requested or Suggested:

102 Grant Avenue · P.O. Box 276 · Santa Fe, New Mexico 87504-0276 · 505-986-6200 · FAX:  
505-995-2740 www.santafecountynm.gov

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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: \_\_\_\_\_

\_\_\_\_\_  
Signature of grievant

\_\_\_\_\_  
Date

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

102 Grant Avenue · P.O. Box 276 · Santa Fe, New Mexico 87504-0276 · 505-986-6200 · FAX:  
505-995-2740 [www.santafecountynm.gov](http://www.santafecountynm.gov)

Mark Lujan, Risk Manager  
Santa Fe County  
949 West Alameda Street  
Santa Fe, NM 87501

Alternative means of submitting a grievance can be initiated by contacting the Risk Manager at the address above or at the following phone number: (505) 992-9884.

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This portion of the form shall be completed by Santa Fe County staff upon receipt of a complaint

This complaint was received by \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ am/pm on \_\_\_\_\_ 201\_\_\_\_\_.

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Print Name

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Signature