



ADA Grievance Form

Mail signed form to:

Title VI Coordinator
Bernalillo County Compliance Office
415 Tijeras Ave. NW
Albuquerque, N.M. 87102

An individual who is dissatisfied with the outcome of their modification request may file a grievance for further review and resolution. Grievances may be submitted by letter, email, or phone call.

Phone: 505-468-1382 Email: Compliance@bernco.gov

Name of Person Filling Out Form		Individual Needing Accommodation	
Mailing Address		City	State Zip
Telephone	Alternate Telephone	Email	
Date Modification Request Submitted		Date of Modification Request Decision (Note: Grievances need to be submitted within 45 days of the Date of Modification Request Decision)	
Description of the Grievance			
Description of Desired Outcome			
Signature of Person Filling Out Form:		Signature of Individual Needing Accommodation:	
Date:		Date:	
Additional comments and/or relevant documents may be attached.		Number of Pages:	

FOR OFFICAL USE ONLY:	Date received:	Grievance Number:
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