

What accommodation was requested? _____

Please state how the program, service, facilities, or activity is inaccessible to you without an accommodation.

Please select from the following accommodation(s) that will allow you full access to the program, service, or activity:

- | | |
|---|--|
| <input type="checkbox"/> Wheelchair access | <input type="checkbox"/> Mobility impairment accommodation |
| <input type="checkbox"/> Modification of policy or procedures | <input type="checkbox"/> Assistive listening device |
| <input type="checkbox"/> Written material in alternate format | <input type="checkbox"/> Sign language interpreter |
| <input type="checkbox"/> Other: | |

What reasonable accommodations do you believe will best support you to facilitate equal access to Forsyth County Government programs, services, facilities, or activities?

Please provide any additional details that may support or assist in the grievance process:

Section 2

Use this section to file a grievance based on a structural barrier and/or lack of assistive device

Is the grievance based on a structural barrier and/or lack of assistive device that prevents access or use of an area?
____ YES ____ NO

What does the structural barrier and/or lack of assistive device prevent you from being able to accomplish?

Please select the structural barrier:

- | | |
|---|--|
| <input type="checkbox"/> Non-accessible parking | <input type="checkbox"/> Non-accessible route from parking to facility |
| <input type="checkbox"/> Inaccessible doorway | <input type="checkbox"/> Protruding objects within facility |
| <input type="checkbox"/> Inaccessible service counter | <input type="checkbox"/> Inaccessible classroom, office, or meeting room |
| <input type="checkbox"/> Inaccessible restroom | <input type="checkbox"/> Lack of proper signage |
| <input type="checkbox"/> Website inaccessibility | <input type="checkbox"/> Other: |

Please state the location of the structural barrier or lack of assistive device:

Please provide your recommendation on how Forsyth County Government could remove or modify the structural barrier and/or lack of assistive device:

Section 3

Use this section to file a grievance due to an act of discrimination based on a disability, perceived disability, or relationship with a disabled person, by a Forsyth County Government employee, supervisor, manager, county official, volunteer, independent contractor, or third-party vendor

Is the grievance based on an act of disability discrimination by a person who is an employee of Forsyth County Government?

____ YES ____ NO

If so, please state the employees name, position, and corresponding department if known, and if not known provide, as best is possible, a physical description on the individual, such as height, weight, hair color, clothing worn, etc.

Name: _____

Position: _____

Department: _____

Description: _____

Is the grievance based on an act of disability discrimination by a person who is an independent contractor, volunteer, or third-party vendor performing work, services, or providing materials and/or supplies for Forsyth County?

_____ YES _____ NO

If so, please state the person's name, if known, and if not known provide, as best is possible, a physical description on the individual, such as height, weight, hair color, clothing worn, etc. and/or name of company, contractor, or third-party vendor they work for.

Name/description: _____

Name of Company/Contractor/3rd party vendor: _____

When and where did the act of discrimination take place?

Time: _____

Date: _____

Location: _____

Name and contact information of any witness present (indicate if they are a Forsyth County Government Employee and which department they work in, or if they are an independent contractor, volunteer, third party vendor, or member of the public) who saw or heard the alleged act of discrimination

Did you report the discrimination? If yes, to who and when (date, time)? _____

Do you believe that offender knowingly discriminated against you based on your disability? _____ YES _____ NO

At the time of the act of discrimination, did you inform the offender that they were violating your rights as an individual with a disability? _____ YES _____ NO

