

**UNION COUNTY, NORTH CAROLINA
AMERICAN WITH DISABILITIES ACT COMPLAINT FORM**

Date: _____

Name: _____ Telephone Number: _____

Address: _____

City: _____ State: _____ Zip Code _____

Please describe your concern or complaint and indicate the approximate time, date and location of the occurrence. (If additional space is needed, please attach extra sheets)

What do you think would resolve the problem or complaint?

PRIVACY STATEMENT: The respondent is authorized to receive a copy of my complaint.

I affirm that I have read the above information and that it is true to the best of my knowledge, information and belief.

Signature of Complainant _____