

## County of Bucks, Pennsylvania

## Americans with Disabilities Act Accommodation (ADA) Title II Grievance Form

Grievant Information		
Name:	Phone:	
Address:	Mobile:	
	TTY:	
	Email:	
Alternative Contact Person (other than grievant)		
Name:	Phone:	
Address:	Mobile:	
	TTY:	
	Email:	
County Service, Program, or Facility Allegedly in Violation		
Date of alleged violation (dd/mm/yyyy):	Location of allege violation:	d
Description of alleged violation and requested remedy:		
Has this case been filed with the Department of Justice or other government agency or court?		
Yes No		
If you answered "Yes" to the previous question, complete the following:		
Agency or Court:	Contact Person:	
Address:	Phone:	
	Date Filed:	
Other Comments:		
After completing the form, please send to: Bucks County Title II ADA Coordinator, David Damsker,		
MD, MPH, 1282 Almshouse Road, Doylestown, PA 18901 or via Fax 267-885-1326		
Signature:		Date: