For use by the County of Bucks

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 alleged violation:
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, Virginia L. Hardwick, Esq. Bucks County Law Department, 55 E. Court Street, 5th Fl., Doylestown, PA 18901 or via Fax at 267-885- 1654**	
Signature:	Date: