

# Americans with Disabilities Act – Transition Plan

Greene County Highway Department

## Greene County Highway Department ADA Grievance Form

To submit an ADA accessibility concern to the Greene County Highway Department, please complete, print, sign, and mail or email this form to:

Greene County Highway Department

2065 N Clifton Ave,

Springfield, MO 65803

(417) 829-6536

Angela.Nelson@greencountymo.gov

### SECTION I

Complainant Name (or Third Party):

Address:

City/State/Zip:

Phone Number:

Email Address:

### SECTION II

When did the discrimination incident occur? Date(s):

Where did the discrimination occur? (Please include roadway name, intersection, facility name, or any other description of the location.)

Please describe, in detail, the nature of the grievance (include all parties that were involved. Use additional pages, if required, and attach any documents you believe support your grievance.

If yes, please provide details below:

Has this complaint been filed with another private, federal, state, or local agency or other legal entity?

Yes

No

If yes, please provide details:

Complainant's Signature \_\_\_\_\_ Date: \_\_\_\_\_