

Disability Accommodation Request Form
Dorchester County Government Dorchester County, Maryland

FORM 0006 FOLD 0575

Dorchester County, Maryland Government is committed to assisting disabled individuals with access to the services, programs, activities, information, and resources.

If you are in need of special assistance or accommodation, please complete this form and return it to the appropriate County Department or to the contact and address below. You will be contacted to work out a reasonable accommodation. Thank you.

Person(s) Needing Accommodation: _____

Date of Request: _____ **Form completed by:** _____

Follow up Contact Information:

Street Address & Apt. No.:

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **E-mail:** _____
Daytime please

Please provide a complete description of the Accommodation you are requesting, including the date & time the assistance is needed:

Signature: _____ **Date:** _____

Accommodations Approved: YES NO **Justification:** _____

ADA Coordinator: Dorchester County Manager
501 Court Lane, Cambridge, MD 21613
410-228-1700

Disability Accommodation Complaint/Greivance Form
Dorchester County Government Dorchester County, Maryland

The County will make every reasonable effort to ensure that confidentiality is maintained throughout the complaint and investigation process, to the extent consistent with the law, adequate investigation and appropriate corrective action. This means that the County will share any sensitive information you provide here only on a need-to-know basis. Return completed form to: County Manager, 501 Court Lane, Cambridge, MD 21613

Individual or Authorized Representative of Individual identifying access violation or discrimination	Name	
	Address	
	City and Zip code	
	Telephone Number	
1. Please describe the alleged violation of access requirements, or discriminatory action, with enough detail so that the nature of your grievance can be clearly understood. Add additional pages if necessary:		
2. Please give the date(s), time(s) and location(s) of the incident(s) or observation(s) you are reporting:		
3. If the incident involves a Dorchester County employee(s), please provide his or her name(s), if known:		
4. If the grievance involves physical access to a Dorchester County public facility, land or right-of-way, please provide the specific address(es) of location(s), if known:		
5. Please give the name(s) and address(es), if known, of any witnesses to the access violation or alleged discrimination:		
6. What action do you want taken to correct the alleged access violation or discrimination?		
Signature:		Today's Date: