

**County of San Luis Obispo
Grievance Form**

Instructions: Please fill out this form completely, using black ink or typing. Sign and send it to the address at the bottom of the page. This form is available in alternate formats by request.

Reporting Individual:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Date: _____

Service, Program, or Facility Alleged to Be Non-Compliant:

Name of Service,
Program, or Facility: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Describe the way in which the service, program, or facility is not compliant (please use other attachments as necessary):

Action Taken (for Office Use):

Signature of Reporting Individual:

For Office Use:

File No.: _____ Date Received: _____ Received by: _____

Please mail completed form to:

Attn: Jeanna Woodhouse
ADA Coordinator
Human Resources Department
County Government Center
1055 Monterey Street, Ste-D-250
San Luis Obispo, CA 93408