



ADA Transition Plan for Public Rights-of-Way Grievance Form

A request for accommodation must be made to the Marion County Public Works Department prior to submitting an ADA Rights-of-Way Grievance. Assistance is available upon request at (503) 588-5036. If a citizen is not satisfied with the response received from Public Works, a formal Grievance Form may be filed.

Please provide the following information necessary in order to process your grievance. A formal complaint must be filed within 30 days of the response to the request for accommodation.

Complete this form, print, sign, and submit to:

Email: riskmanagement@co.marion.or.us

Mail: Risk Manager
Marion County
PO Box 14500
Salem, OR 97309
(503) 589-3295

Complainant's Name: _____

Address: _____

Phone: _____ Alternate Phone: _____

Briefly describe the accommodation that was requested:

Describe the reason for this grievance:

Describe any additional information you would like to provide:

How can this complaint be resolved?

Please print, sign and date. The grievance will not be accepted if it has not been signed. You may attach any additional written materials that you think are relevant to this grievance.

Signature

Date