

Lyon County Grievance/Comment Form

This form shall be used by anyone wishing to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs or benefits by Lyon County. This form should be submitted no later than **60 calendar days** after the alleged violation to:

Lyon County ADA Coordinator
C/O Lyon County Clerk
Lyon County Courthouse
430 Commercial Street
Emporia, Kansas 66801

Alternate means of filing complaints will be made available upon request.

Within fifteen (15) calendar days after receipt of the complaint, the ADA Coordinator will meet with the complainant to discuss a possible resolution. A written response will be provided to the complainant within fifteen (15) calendar days of the meeting.

PLEASE TYPE OR PRINT:

Today's Date: _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Please provide the following information regarding your complaint:

Location of Public Accommodation where alleged violation occurred: _____

Date alleged violation occurred: _____

What happened: _____

Please list any witnesses who can provide additional information or evidence relating to this complaint:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Name: _____

Address: _____

Phone Number: _____ Email: _____

Name: _____

Address: _____

Phone Number: _____ Email: _____

What is your comment? _____

Affirmation: the information provided in this form is true and accurate to the best of my knowledge.

Signature: _____