

**COUNTY OF MARIN
DISABILITY ACCESS PROGRAM
ACCESSIBILITY COMPLAINT FORM**

Please enter the following information:

Date Filed: / /

Type (Check One)

- Program Access
- Physical Access
- Employment Discrimination
- Other (Describe):

Complainant Name:

Telephone Number () –

Address (Optional)

E-Mail (Optional)

Location of Alleged Violation

Complaint Description

(Official Use Only)

Received by

Complaint File Number

Property or Facility Owner

Owner's Address

Date Inspected / / By

Notice Provided to Owner Yes No

Comments:

Date Referred / / To:

Date Abated / /

By: