



Disability Access Assistance/Complaint Form

The Sacramento County Disability Compliance Office (DCO) helps to address disability access problems and disability discrimination issues at the County of Sacramento. This form may be used to request a reasonable accommodation or report a problem.

Please provide as much information as you can. If you need assistance completing this form, the DCO or a Departmental ADA Coordinator would be happy to provide it upon request.

Contact Information

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

E-mail: _____

Please note that if you do not provide your contact information, we will not be able to follow-up with you to verify issues or get additional information!

Access Issue Category

Please indicate which of the following four categories best describes your access issue in the space below:

1. **Architectural Access:** refers to access to buildings and structures, and includes things such as: wheelchair ramps, accessible bathrooms, accessible counter and phone heights, etc
2. **Program Access:** refers to access to obtain or participate in County benefits, services, program, or activities, and includes the right to request a reasonable modification to County policies, practices, or procedures.
3. **Communication Access:** refers to access to equally effective communication, including materials in alternate formats, use of a sign language interpreter, or other auxiliary aids or services in order to have equal access to information and communication.
4. **Employment Access:** refers to access to County employment or application for County employment.

Which category of access issue was experienced? _____



Which County department or service does this issue involve? _____

At what location? _____

Please describe the problem you encountered: _____

Date of the most recent problem: _____

Is there a solution you wish to see that would be helpful in solving this problem? _____

Do you know the name or position of any of the staff you encountered?

Name: _____ Position or Involvement: _____

Name: _____ Position or Involvement: _____

Name: _____ Position or Involvement: _____

Was there anyone else who had the same difficulty, or with whom you would want us to talk in order to get more information?

Name _____

Contact Information: _____

Involvement: _____

The DCO will provide a copy of this complaint to the appropriate Departmental ADA Coordinator, who will look into the matter. We may assist in any investigation and will review the results. We will also assist in attempting to resolve the complaint in a manner



that is both satisfactory to you and consistent with applicable law. If you left your contact information, you should receive a written response regarding your complaint or request within a maximum of 80 days. If you do not, please contact us at (916) 874-7642, TDD (916) 874-7467, or email dco@saccounty.net.

For additional information, please contact:

Disability Compliance Office (DCO)

700 H Street, Suite 4667, Sacramento, CA 95814

Phone: (916) 874-7642

Fax: (916) 874-7132

TTY: (916) 874-7467

DCO@SacCounty.net