



PAINÉ FIELD
SNOHOMISH COUNTY AIRPORT

ADA COMPLAINT-GRIEVANCE FORM

Complainant Name: _____

Designee Name (If applicable): _____

Designee relationship to Complainant (if applicable): _____

Contact Information: Complainant: Designee: (Check one)

Address: _____

Phone: _____ Email: _____

DETAILED DESCRIPTION OF SPECIFIC COMPLAINT: Include all known details such as date, location, circumstance, persons involved, witness, etc. (Use additional paper if necessary. Attach any other information which you believe is pertinent).

REMEDY REQUESTED: (Use additional paper if necessary)

Complainant or Designee Signature / Date _____

Send to: Christy Cheever, ADA Compliance Officer
9901 24th PI W, Suite A
Everett, WA 98204
Email: SAR-CustomerServices@co.snohomish.wa.us