



Risk Management

Phone: 910.253.2078 / Fax: 910.253.2022

Email: risk@brunswickcountync.gov

Location: David R. Sandifer Administration Building

30 Government Center Drive NE, Bolivia, NC 28422

COMPLAINT/GRIEVANCE FORM

Name: _____ Today's Date: _____

Home Address: _____

Phone Number: _____ Email: _____

Date of Incident: _____ Time of Incident: _____

Address of Incident: _____

County Department associated with incident: _____

Has this Department been contacted regarding this complaint? YES NO

If yes, please provide the name and telephone number of the contact person: _____

Have you filed a formal complaint with the department? YES NO

If yes: Name _____ Telephone: _____ Date: _____

Describe the nature of the grievance (Be specific – names, dates, locations, etc., attach additional sheet if necessary): _____

Explain why you feel that Brunswick County has discriminated against you on the basis of your disability:

Signature of Complainant

Date Completed

Return completed form to:
ADA Coordinator
Office of the County Manager
PO Box 249
30 Government Center Drive NE
Bolivia, NC 28422

Received by ADA Coordinator: _____