



Revised: 08/28/2026

Cabarrus County

Americans with Disabilities Act (ADA) Grievance Complaint Form

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by Cabarrus County (the "County"). The County's Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request to the County's ADA Coordinator.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 30 calendar days after the alleged violation to:

Jon Bradley
Risk and Safety Director and ADA Coordinator
Cabarrus County Governmental Center
65 Church St. S
Concord, NC 28025
adacoordinator@cabarruscounty.us
704-920-2218

Office Hours: Monday – Friday, 08:00 a.m. – 05:00 p.m. (excluding holidays)

To file an ADA Grievance, you may submit in the following manner:

Email completed form to:
adacoordinator@cabarruscounty.us

Mail completed form to:
Attn. ADA Coordinator
Cabarrus County
PO Box 707
Concord, NC 28026

Deliver completed form in person to:
Attn: ADA Coordinator
County Manager's Office
65 Church St. S
Concord, NC 28025



Cabarrus County Public Grievance Complaint Form

Complainant's Contact Information:

First Name	Last Name		
Street Address	City	State	Zip
Phone Number	Email Address		

Person Discriminated Against (if someone other than Complainant):

First Name	Last Name		
Street Address	City	State	Zip
Phone Number	Email Address		

Incident Details:

Please provide information relevant to grievance and only complete sections which apply to identifying details of the event.

Date of Incident:

Time of Incident:

Location of Incident

County Building:

County Park:

Other Location

Facility Name:

Facility Address

Street	City	State	Zip
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County Department Involved (if applicable):

Was this a County led program/event?

☐ Yes

☐ No

If yes, name program/event:



Have you filed or do you intend to file a grievance/complaint about this same incident with any other federal, state, or local agency, or with a federal or state court?

☐ **Yes**

☐

No

If yes, please provide the following information:

Agency Name:

Date Filed:

Agency Representative Contact Information:

First Name		Last Name	
Street Address	City	State	Zip
Phone Number		Email Address	

If you have a representative, attorney, or any other individual assisting you in filing the complaint, please provide their contact information below.

First Name		Last Name	
Street Address	City	State	Zip
Phone Number		Email Address	

Please provide any additional information that you believe would assist with an investigation, attach additional sheets of paper as necessary.



Briefly explain what remedy, or action, you are seeking for the alleged discrimination.

**The Complainant must sign the grievance in the space provided below and date.
Please attach any documents you believe may support or be relevant to your
Grievance.**

Complainant Signature

Date Signed

****When completed, please follow directions above for submitting to Cabarrus County
ADA Coordinator.****