

# Butte County ADA Statement of Complaint Form



## Form:

Name:

Address:

Email:

Phone:

Preferred Method of Contact:            Email            Phone

Butte County Human Resources Department  
3-A County Center Drive  
Oroville, CA 95965  
Phone: 530.538.7651  
Fax: 530.538.7790  
[www.buttecounty.net/humanresources](http://www.buttecounty.net/humanresources)

No Contacted Requested

*\*\*Contact information is optional and anonymous complaints are accepted.\*\**

## Relationship to County:

Citizen                      Disability Rights Organization                      Other

Vendor                      County Employee                      Explain:

**Date/Place (street address) occurrence took place:**

**Name and Title of County Employee(s) and/or Facility involved:**

**Address/Location of County Property (if not a County Facility):**

**Statement of Complaint:**  
*(Attach additional sheets if needed)*

**What Action are you requesting (please be specific):**

\_\_\_\_\_  
Signature

Date:

**Please return completed for to:**

Sheri Waters  
Assistant Director, Human Resources 3-A  
County Center Drive  
Oroville, CA 95965  
Phone: 530.538.7651  
TTY: 530.538.6833  
Email: ADAAccessibility@buttecounty.net