Butte County ADA Statement of Complaint Form

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

Form:

Name:

Address:

Email:

Phone:

Preferred Method of Contact: ☐ Email ☐ Phone ☐ 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) occurence 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 reqesting (please be specific):

Please return completed for to:

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

Signature

Date: