

**BLAIR COUNTY
CDBG PROGRAM
SECTION 504 GRIEVANCE FORM**

Today's Date: _____

Name of Grievant: _____

Address of Grievant: _____

Telephone Number of Grievant: _____

Name, Address and Telephone Number of Alternate Contact Person: _____

Agency alleged to have denied access:

Department: _____

Division: _____

Bureau of Office: _____

Location: _____

I was denied access on: _____ [date]

Disability Statement:

My disability is: _____

This problem is: temporary [] permanent []

I am seeking access to the following Blair County program or activity in which I haven't been able to participate because I need an accommodation: _____

Proposed Access or Accommodation:

The accommodation I seek: _____

Incident or Barrier:

Please describe the particular way in which you believe you have been denied the benefits of any services, program, or activity or have otherwise been subjected to discrimination. Please specify dates, times, and places of incidents and names and/or positions of agency employees involved, if any, as well as names, addresses and telephone numbers of any eyewitnesses to any such incident. Include a description of the way in which you feel access may be had to the benefits described above, or the way in which accommodation could be provided to allow access.

Attach additional pages if necessary.

Mail or Fax this form to Section 504 Officer:

Helen Schmitt, County Administrator
Blair County Courthouse
423 Allegheny Street, Ste 441
Hollidaysburg, Pa 16648

Fax# (814) 693-3033