Charleston County Park & Recreation Commission
ADA Accessibility Grievance Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email:_____

Please provide a complete description of your grievance:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Did you notify park staff or other CCPRC Employee of your grievance?

yes_____no_____

If yes, were they responsive to your needs?

yes_____no_____

Please state what you think should be done to resolve the grievance:

_____
_____
_____
_____
_____
_____
_____

Please attach additional pages as needed.

Signature: _____ Date: _____

Please return to:

ADA Coordinator, 861 Riverland Drive; Charleston, South Carolina; 29412
Upon request, reasonable accommodation will be provided in completing this form.
Contact the ADA Coordinator at 843-762-2172 or go to the location listed above.