



New Bern Parks and Recreation
Complaint/Grievance Form
(Please type or print clearly)

Name: _____ Date incident occurred: _____

Address: _____ Facility or park where incident occurred:

State: _____ Zip Code: _____ Address where incident occurred: _____

Home telephone: _____ Have you contacted anyone in the Parks and
Business telephone: _____ Recreation Department regarding your complaint?
_____ Yes _____ No

If yes, please provide name and telephone number of contact person:

Name: _____ Telephone number: _____

Have you filed a formal complaint with the department? _____ Yes _____ No

If yes, please provide contact name, telephone number, and date of contact:

Name: _____ Telephone number: _____ Date: _____

Describe nature of grievance (Be specific--name, dates, locations, etc.):
(Attach additional sheet if necessary.)

Explain why you feel that New Bern Parks and Recreation has discriminated against you on the
basis of your disability:

Signature of Complainant

Date Completed

Return completed form to: Special Events and Program Coordinator
New Bern Parks and Recreation Administration
1307 Country Club Road, New Bern, NC 28562

Received by Special Events and Program Coordinator: _____