



**City of Huntington
Complaint Form
Americans with Disabilities Act (ADA)**

EXHIBIT B

Section 1

Please fill in completely and legibly. If the information is incomplete or it cannot be read, alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request.

Last Name

First Name

Street Address

City

State

Zip Code

Telephone Number (include area code)

Best time to call this number

Alternate Telephone Number (include area code)

Best time to call this number

Email address _____

Section 2

Please provide a complete description of the specific issue(s) you believe are inconsistent with Title II of the Americans with Disabilities Act (use additional pages as necessary and provide documentation supporting the allegation).

Section 3

Please provide the specific location(s) of the ADA issues prompting this complaint.

Section 4

Please provide the date when the ADA non-compliance occurred/was noted.

Section 5

Please state as specifically as possible what you think should be done to resolve the complaint.

Please sign and date this form.

Signature

Date

Mail completed complaint form to:

City of Huntington
300 Cherry Street
Huntington, IN 46750
ATTN: ADA Coordinator

For Office Use Only:

Date Received

Date Investigated

Results (with supporting documentation or photographs):

Date Complainant contacted _____

Method of Contact: Phone _____

Letter _____

Email _____

Complaint Resolved? Yes _____

No _____