



**Section 4:**

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

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**Section 5:**

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

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Please sign and date this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail completed complaint form to:  
ADA Coordinator  
Erika Devine, HR Director  
201 N. Jefferson St., Room 103A  
Huntington, IN 46750

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***For Office Use Only:***

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Investigated

Results (with supporting documentation or photographs):

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\_\_\_\_\_  
Date Complainant Contacted

Method of Contact:  Phone  
 Email  
 Letter

Complaint Resolved?  Yes  No