Huntington County Complaint Form Americans with Disabilities Act (ADA)

Section 1:

Please fill in completely and legibly. If the information is incomplete or it cannot be read, the complaint will not be investigated.

Last Name	First Name	First Name		Middle Initial	
Street Address	City		State	Zip Code	
Telephone Number (including area code)		Best time to call this number			
Alternative Telephone Number (including 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 allegations).					
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	pe done to resolve the complaint.			
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				
For Office Use Only:	<u> </u>			
Date Received Date Investigated				
Results (with supporting documentation or photographs):				
Date Complainant Contacted	Method of Contact: Phone Email			
Complaint Resolved? □ Yes □ No	□ Letter			