



**Clinton County
Americans with Disabilities Act (ADA)
Grievance Form**

Section 1:

Please fill in the information below completely and legibly. If the information is incomplete or not legible, the complaint will not be investigated.

First Name	Middle Initial	Last Name
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Street Address	City	State	Zip Code
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Telephone Number	Best time to call
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Alternate Telephone Number	Best time to call
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Email Address _____

Date that the ADA non-compliance occurred or was noted. _____

Section 2:

Please describe the specific issue(s) you believe are inconsistent with Title II of the Americans with Disabilities Act. You may use additional pages as necessary.

Section 3:

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

Section 4:

Please state what you think should be done to resolve this issue. Please be specific.

Please sign and date below.

Signature

Date

Mail completed complaint form to:

Board of Commissioners
Attn: ADA Coordinator
125 Courthouse Square
Frankfort, Indiana 46041

For Office Use Only:

Date Received

Date Investigated

Results (with supporting documentation or photographs):

Date Complainant Contacted

Method of Contact Phone
 Letter
 Email

Complain Resolved? Yes
 No

Notes:
