

Calhoun County
Complaint Form
Americans with Disabilities Act (ADA)
Printable Form Only

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	Middle Initial	First Name
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Street Address	City	State	Zip Code
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Telephone Number (including area code)	Best time to call this number
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Alternative Telephone Number (including area code)	Best time to call this number
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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(s) 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 for to:

Kristi Johnson: ADA Coordinator/HR Director
PO Box 71
515 Court Street
Rockwell City, IA 50579

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