

**Randolph County
Office of the ADA Coordinator
Center for Family Opportunity
325 S. Oak Street, Suite 204
Winchester, Indiana 47394
765-584-0275**

ADA Formal Written Complaint Form

Please print legibly.

Reporting Individual: _____ Date of Request: _____

Address: _____

City, State and Zip: _____

Telephone Number: _____ Business Phone: _____

Other Contact Information: _____

If person needing accommodation is not the individual completing this form, please complete below:

Name: _____ Telephone Number: _____

Other Contact Information: _____

Program/Facility to be Inaccessible: _____

When did the situation occur (date)? _____

Describe the situation or way in which the program is not accessible, providing the name(s) where possible of the individuals who were involved in the situation and any documentation or photographs supporting the incident:

Have efforts been made to resolve this complaint through the Request for Accommodation with the ADA Coordinator?

Yes No

If yes, what were the results?

How do you suggest this issue be remedied?

Signature: _____ Date: _____

ADA Coordinator Office Representative: _____ Date: _____