

**ADA Grievance Form**  
**Jefferson County, Indiana**

Today's Date: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_ Time of Occurrence \_\_\_\_\_

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Alleged Violation: \_\_\_\_\_

\_\_\_\_\_

Detailed Description of Violation and County Department Involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Request Action By County to Correct Violation: \_\_\_\_\_

\_\_\_\_\_

Has a Complaint Been Filed with State or Federal Agency: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Signature: \_\_\_\_\_

If any witnesses, Please list names and addresses on back.