Town of Waynetown
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	Middle Initial	Last name

Street Address	City	State	Zip Code

_____ _____
Telephone Number (including area code) Best time to call this number

_____ _____
AlternateTelephone 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 the allegation).

_____
_____
_____
_____
_____
_____
_____

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 done to resolve the complaint.

_____
_____
_____
_____
_____
_____
_____
_____
_____

Please sign and date this form.

_____ _____
Signature Date

Mail completed complaint form to:

Bob Cox – Town of Waynetown ADA Coordinator

106 North Vine Street
Waynetown, IN 47990
Phone: (765) 376-9931 TTY: 711 Email: bcox@waynetown.net

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