Howard County, Indiana – ADA Complaint/Grievance Form

Complainant: ________________________________________________________________

Person Preparing Complaint (if different from Complainant): _______________________

Relationship to Complainant (if different from Complainant): _____________________

Street Address: ______________________________________________________________

City: _______________________ State: __________ Zip: ____________________________

Please provide a complete description of the specific complaint or grievance:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please specify any location(s) related to the complaint or grievance (if applicable):

__________________________________________________________________________

__________________________________________________________________________

Please state what you think should be done to resolve the complaint or grievance:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please attach additional pages as needed.

☐ Please do not contact me personally

Signature: __________________________ Date: __________________________

Return to: Howard County, ADA Coordinator, 220 N. Main St., Kokomo, Indiana 46901.

Upon request, reasonable accommodation will be provided in completing this form, or copies of
the form will be provided in alternative formats. Contact: Howard County, ADA Coordinator, 220
N. Main Street, Kokomo, IN 46901 Telephone (765) 456-7010 Fax (765) 456-2803