

**MARTIN COUNTY, INDIANA
ADA COMPLAINT FORM**

Complainant's Name: _____ Date: _____

Address: _____

City, State & Zip Code: _____

Phone Number: _____ Email address: _____

Person discriminated against: (if someone other than the complainant)

Name: _____ Phone Number: _____

Address: _____

City, State & Zip Code: _____

Please indicate why you believe the discrimination occurred:

Please indicate why you believe the discrimination occurred:

Race
 Color
 National Origin
 Other Please explain: _____

What was the date of the alleged discrimination?: _____

Where did the alleged discrimination take place?: _____

Please describe the alleged discrimination. Be as specific as possible in explaining what happened and whom you believe was responsible. *(Attach additional pages if needed)*

Please list any and all witnesses' names, phone numbers and email address:

What type of remedy would you suggest?

Have you ever filed a complaint with any other federal, state or local agency; or with any federal or state court? Yes No

If yes, which court or agency? _____

Please attach any documents or other information that you believe is relevant to your complaint. Please sign, date and send your complaint to:

Theresa Ray
ADA Coordinator
PO Box 57
Shoals, IN 47581
812-247-2666

Printed name: _____

Signature: _____ Date: _____