

Miami County, Indiana ADA Complaint Form

Submit Completed Complaint Form to: ADA Coordinator 35 German St, Peru, Indiana
or by email ada@miamicountyin.gov or FAX (765)473-8956

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Last Name	Middle Initial	First Name	
Street Address	City	State	Zip Code
Telephone Number (including area code)	Best time to call this number		
2 nd Telephone Number (including area code)	Best time to call this number		
e-mail address			

2

Please Provide a complete description of the specific issue(s) you believe inconsistent with Title II of the Americans with Disabilities Act (use additional pages as necessary and provide documentation supporting the allegation)

3

Please provide a specific location(s) of the ADA issues prompting this complaint

4

Date when the ADA non-compliance occurred / was noted _____

5

Please state as specifically as possible what you think should be done to resolve the complaint

Signature

Date

Submit Completed Complaint Form to:

ADA Coordinator
Kenneth Einselen
35 German St
Peru, Indiana 46970

(765)473-8956 FAX
ada@miamicountyin.gov
(765) 473-7125 x 9 Telephone

For Agency Use Only:

Date Complaint was received

Date Complaint investigated

Results of Investigation (attach supporting documentation or photographs)

Date Complainant Contacted

Method of Contact

- Phone
- Letter
- Personal Visit

Complaint Resolved?

- Yes
- No (forward to BOC for review)

Page One and Two to be printed for distribution

Revised May 13, 2016: Update ADA Coordinator telephone number

Revised June 30, 2016 Replace "Title II Coordinator" with "ADA Coordinator"

Revised January 26, 2017: Update contact information

Revised February 7, 2017, Remove "Mail" insert Submit