

**ADA Complaint / Grievance Form
Monroe County, Indiana**

Complainant: _____ **Date:** _____

Person Preparing Form (if different from Complainant): _____

Relationship to Complainant: _____

Street Address & Apt. No.:

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Please provide a complete description and location(s) of the specific complaint or grievance:

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

Your concerns are important to us. Someone will contact you shortly.

If you prefer not to be contacted, please check here: []

Signature: _____

Date: _____

Return to: Angie Purdie
Monroe County ADA Coordinator
100 W Kirkwood Ave Room 323
Bloomington, IN 47404
Telephone: (812) 349-2551 Fax: (812) 349-7320
Email: apurdie@co.monroe.in.us