

County of Fountain
ADA Grievance Form

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Location of Problem: _____

Date Noticed: _____

Description of Problem: _____

***Please attach additional pages if needed**

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Attn: ADA Coordinator
301 4th St.
Covington IN 47932
(765-793-0833)