

ADA Complaint / Grievance Form

Johnson County, Indiana
An Equal Opportunity Employer

Complainant: _____
Person Preparing Complaint (if different from Complainant): _____
Relationship to Complainant (if different from Complainant): _____
Street Address & Apt. No.: _____
City: _____ State: _____
Zip: _____ Phone: (_____) _____
E-mail: _____

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:

Barbara Davis
ADA & Title VI Coordinator
86 West Court Street
Franklin, IN 46131
Voice (317) 346-4329
Fax (317) 736-8066
E-mail: bdavis@co.johnson.in.us

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the ADA Coordinator at the address listed above, via Voice (317) 346-4329, Fax (317) 736-8066, or E-mail: bdavis@co.johnson.in.us.