Johnson County Complaint Form Americans with Disabilities Act (ADA)

Section 1 Please fill in completely and legibly. If the information is incomplete or it cannot be read, the complaint will not be investigated.				
Last name	Middle initial	First name		
Street address	City	State	Zip code	
Telephone number (including area code)		Best time to call this number		
Alternative telephone number (including area code)		Best time to call this number		
Email address				
	escription of the specific issue(s Disabilities Act (use additional ne allegation).	· ·		

Section 3			
Please provide the specific location(s) of the ADA issues pr	ompting this complaint.		
Section 4			
Please provide the date when the ADA non-compliance oc	curred/was noted.		
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Section 5			
Please state as specifically as possible what you think shou	ald be done to resolve the complaint.		
Please sign and date this form			
Signature	Date		
Mail completed complaint form to			
ADA Coordinator			
Johnson County Board of Supervisors Office			

913 S. Dubuque St. Iowa City, Iowa 52240