



ADA COMPLAINT FORM

Instructions: Please fill out this form completely, using black ink or typing. Sign and send it to the address at the bottom of the page. This form is available in alternate formats by request.

Reporting Individual:			
Name and Address:			
City, State, ZIP Code:			
Telephone Number(s)	Home:	Business:	Cell:
Service, Program or Facility Alleged to be Discriminatory:			
Name of Service/Program or Facility:			
Address:			
City, State, ZIP Code:			
Telephone Number:			
Date of Incident/Discovery			
Describe the way in which the service, program or facility is discriminatory (please feel free to use additional attachments as necessary):			
Action Taken (for Office Use):		Date of Action:	
Signature of Reporting Individual:		Date:	

Please mail to: ADA Coordinator, Town of Schererville, 10 East Joliet Street, Schererville, IN 46375

For Office Use: File No. _____ Date Received: _____ Received By: _____