

ADA COMPLAINT FORM

ADA Complaint Form

For Curb Ramps and Sidewalk in the Public Road Right-of-Way

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA)

PLEASE PRINT:

NAME (Mr/Mrs/Ms) _____ DATE _____

ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE () - _____ EMAIL _____

PREFERRED METHOD OF CONTACT: PHONE EMAIL MAIL

DATE OF GRIEVANCE _____

LOCATION OF PROBLEM (ADDRESS OR STREET INTERSECTION) _____

TOWNSHIP _____

HAS COMPLAINT BEEN FILED WITH A STATE OR FEDERAL AGENCY: YES NO

IF YES, PLEASE PROVIDE: NAME OF AGENCY: _____

STATEMENT OF COMPLAINT OR REQUEST (SUCH AS MISSING CURB RAMP, NARROW SIDEWALK, ETC.)

WHAT ACTION ARE YOU REQUESTING? _____

SIGNATURE _____ DATE _____

PLEASE USE THE REVERSE SIDE OF THIS FORM OR SEPARATE SHEETS OF PAPER IF YOU WOULD LIKE TO PROVIDE ADDITIONAL INFORMATION, ATTACH A PHOTO AND/OR DRAW A SKETCH.



PLEASE SEND THIS FORM TO:
Gary Shoup, ADA Coordinator
Montgomery County Engineer's Office

451 West Third Street, P.O. Box 972,
Dayton, OH 45422-1260
or E-mail for to:
ShoupG@mcoho.org
Phone (937) 225-4904
Fax (937) 496-7441

Thank you.
Our office will investigate your concern and contact you within 30 days.

To accommodate persons with disabilities, this form is available in alternate formats upon request.