

Town of Akron, IN
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	Last name	
Street Address	City	State	Zip Code
Telephone Number (including area code)		Best time to call this number	
Alternate Telephone Number (including area code)		Best time to call this number	
Email Address			

Section 2:

Please provide a complete description of the specific issue(s) you believe are inconsistent with Title II of the Americans with Disabilities Act (use additional pages as necessary and provide documentation supporting the allegation).

Section 3:

Please provide the specific location(s) of the ADA issues prompting this complaint.

Section 4:

Please provide the date when the ADA non-compliance occurred/was noted.

Section 5:

Please state as specifically as possible what you think should be done to resolve the complaint.

Please sign and date this form.

Signature

Date

Mail completed complaint form to:

Rebecca A. Hartzler, Clerk Treasurer – Town of Akron ADA Coordinator

206 W. Rochester St.

Akron, IN 46910

Phone: (574) 893-4123

TTY: 711

Email: clerktreasurer@akronindiana.com

For Office Use Only:

Date Received

Date Investigated

Results (with supporting documentation or photographs):

Date Complainant Contacted

Method of Contact

☐ Phone

☐ Letter

☐ Email

Complaint Resolved?

☐ Yes

☐ No