

**ADA Complaint / Grievance Form  
Hancock County, Indiana**

**Complainant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Person Preparing Form (if different from Complainant):  
\_\_\_\_\_

Relationship to Complainant: \_\_\_\_\_

Street Address & Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please provide a complete description and location(s) of the specific complaint or grievance:**

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**Please state what you think should be done to resolve the complaint or grievance:**

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**Your concerns are important to us. Someone will contact you shortly.**

If you prefer not to be contacted, please check here:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return to: Ryan Hartley  
Hancock County ADA Coordinator  
921 W Osage Ave  
Greenfield, IN 46163 Phone: (317)477-1112  
Email: [rhartley@hancockcoingov.org](mailto:rhartley@hancockcoingov.org)

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