

Idaho County ADA Discrimination Complaint Form

Americans with Disabilities Act (ADA)

Please provide the following information necessary to process your ADA discrimination complaint. Assistance in completing this form is available upon request. Complete, sign and return this form by mail, FAX or email to:

ADA Coordinator
Kathy M. Ackerman
Idaho County Clerk
320 W. Main Street
Grangeville, ID 83530
208-983-2751 FAX: 208-983-1428
kackerman@idahocounty.org

Please Print

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Person discriminated against (if other than Complainant): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of the incident of alleged discrimination: _____

Location of the incident: _____

Please list the Idaho County employee(s) or representative(s) involved in the incident (name, office or department and position, if known):

Briefly explain what happened and how you believe you were discriminated against. Indicate who was involved and the corrective action you are seeking. Attach additional sheets as needed and any documents you believe will support your complaint.

Please list any witnesses and their contact information.

Witness Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____

Witness Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____

I certify that to the best of my knowledge and belief, the statements and information on this form are true, accurate, and complete.

Complainant's signature: _____

Date: _____