

**GALLATIN COUNTY**  
**ADA Complaint Form**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

Persons Involved: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Description of alleged discriminatory action or denial of service (attach additional pages if necessary):

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Specify corrective action you are seeking (attach additional pages if necessary):

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Signature \_\_\_\_\_

Date \_\_\_\_\_