

Please list any and all witnesses' names, phone numbers and email address:

What type of remedy would you suggest?

Have you ever filed a complaint with any other federal, state or local agency; or with any federal or state court? Yes No

If yes, which court or agency? _____

Please attach any documents or other information that you believe is relevant to your complaint. Please sign, date and send your complaint to:

Paul Goss
ADA Coordinator
200 East Walnut St
Washington, IN 47501
812 486 5268

Printed name: _____

Signature: _____ Date: _____