

BUTLER COUNTY ENGINEER'S OFFICE

ADA Grievance Form

For Curb Ramps, Crosswalks, and Pedestrian Signals in the Public Road Right-of-Way

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA)

PLEASE PRINT:

NAME (Mr/Mrs/Ms) _____ DATE _____

ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE (____) _____ - _____ EMAIL _____

PREFERRED METHOD OF CONTACT: PHONE EMAIL MAIL

DATE OF GRIEVANCE _____

LOCATION OF PROBLEM (ADDRESS OR STREET INTERSECTION) _____

TOWNSHIP _____

STATEMENT OF COMPLAINT OR REQUEST (SUCH AS MISSING CURB RAMP, MISSING WARNING DEVICE, ETC.)

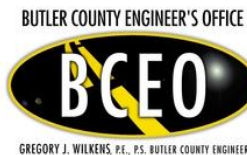
WHAT ACTION ARE YOU REQUESTING? _____

SIGNATURE _____ DATE _____

PLEASE USE THE REVERSE SIDE OF THIS FORM OR SEPARATE SHEETS OF PAPER IF YOU WOULD LIKE TO PROVIDE ADDITIONAL INFORMATION, ATTACH A PHOTO AND/OR DRAW A SKETCH.

PLEASE SEND THIS FORM TO:

BUTLER COUNTY ENGINEER'S OFFICE



Attention: Matt Loeffler, P.E. – ADA Coordinator
1921 Fairgrove Ave, Hamilton, OH 45011
loefflerm@bceo.org
Phone: 513-785-4109
Fax: 513-867-5744

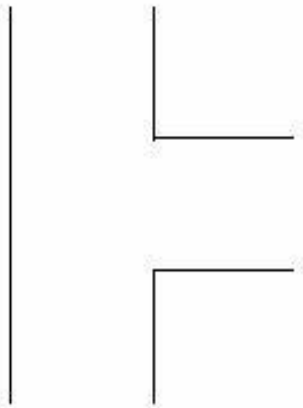
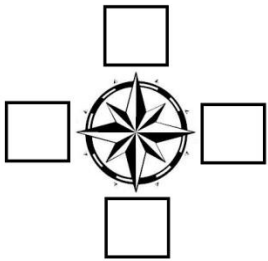
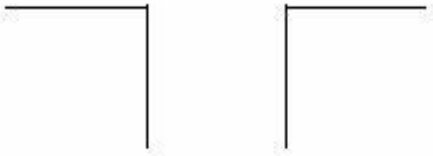
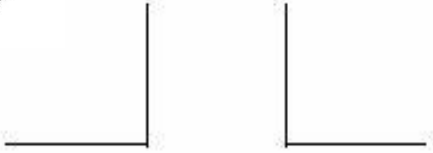
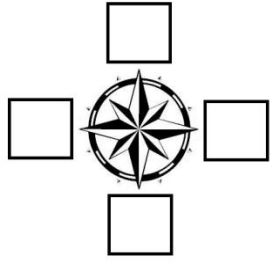
Thank you.

Our office will investigate your concern and contact you within 30 days.

To accommodate persons with disabilities, this form is available in alternate formats upon request.

BUTLER COUNTY ENGINEER'S OFFICE

PLEASE USE ONE OF THESE SAMPLE INTERSECTION VIEWS.
PLEASE INDICATE ROAD/STREET NAMES.



QUESTIONS OR COMMENTS:
