

KENTON COUNTY BOARD OF ELECTIONS
ADA COMPLAINT FORM

DATE: _____ **TIME:** _____ **INTAKE PERSON:** _____

Complainant name: _____

Address _____

E-mail Address: _____

Phone: _____

Cell: _____

POLLING LOCATION: _____

COMPLAINT: Include brief description of facts:

Any other person or poll worker with relevant information? _____

Do you wish to be contacted after final review and resolution of the board? YES or NO

Planned Resolution: _____

Date: _____ **Final Resolution:**

Additional findings and County Board response:

**Form may be submitted to County Clerk in person or by fax 859-392-1613, e-mail Kentonvoters@gmail.com or by mail at PO Box 1109, Covington, KY 41011. This is a public document and subject to open records.