

Appendix A: Complaint/Grievance Form

Grievant Information:

Grievant Name:			
Address:	City:	State: IN	Zip Code:
Phone: () -			
Alternative Phone: () -			

Person Preparing Complaint Relationship to Grievant (If different from Grievant)

Name:			
Address:	City:	State:	Zip Code:
Phone: () -			
Alternative Phone: () -			

Please specify any location(s) related to the complaint or grievance (if applicable):

Please provide a complete description of the specific complaint or grievance:

Please state what you think should be done to resolve the complaint or grievance:

Please attach additional pages as needed.

Signature: _____

Date: _____

Please return to:
Kay Erwin, ADA Coordinator:
200 Main Street, Rm 6
Rockport, IN 47635