

**Town of Beverly Shores — ADA Complaint/Grievance Form**

Complainant: \_\_\_\_\_

Person Preparing Complaint (if different from Complainant): \_\_\_\_\_

Relationship to Complainant (if different from Complainant): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Please attach additional pages as needed.

Please do not contact me personally.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Town of Beverly Shores, ADA Coordinator, P.O. Box 38, 500 S. Broadway, Beverly Shores, IN 46301.

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact: Town of Beverly Shores, ADA Coordinator, 500 S. Broadway, P.O. Box 38, Beverly Shores, IN 46301. Telephone (219-728-6531. ClerkTreasurer@TownofBeverlyShores.IN.gov