

TOWN OF FARMERSBURG, INDIANA
TOWN HALL | PO BOX 468 | (812) 696-2626
307 WEST HOPEWELL STREET, FARMERSBURG, IN 47850

ADA Grievance-Request Form

GRIEVANT/REQUESTER INFORMATION

Name: _____

Address: _____, Farmersburg, IN 47850

Phone: _____ Email: _____

Alt Phone: _____

FORM PREPARER (if different from Grievant)

Name: _____

Address: _____, Farmersburg, IN 47850

Phone: _____ Email: _____

Alt Phone: _____

Location(s) related to grievance, complaint or request (if applicable):

Detailed description of specific grievance, complaint or issue observed:

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Detailed description, continued:

Suggested resolution of grievance, complaint or issue observed:

Please attached additional pages if needed.

Signature of Grievant or Preparer

Date

Please return by mail to:

Farmersburg Town Hall
ATTN: ADA Coordinator
307 West Hopewell Street
PO Box 468
Farmersburg, IN 47850

Or, email this form or the details thereof to:
office@townoffarmersburg.in.gov