



ADA Grievance Form

Complainant's Information

Name: _____ Date: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Person Discriminated Against (if someone other than complainant)

Name: _____ Date: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Date of alleged discrimination: _____ Location: _____

Primary Type of Disability: _____ Issue: _____

Please describe the alleged discrimination. Be as specific as possible in explaining what happened and whom you believe was responsible (attach additional page if needed).

Please list any and all witnesses' names, phone numbers, and email addresses:

What solutions do you have to remedy the situation?

Have you ever filed a complaint with any other federal, state, or local agency; or with any federal or state court? If yes, which agency or court?

Please attach any documents or other information that you believe is relevant to your complaint.

Please sign, date, and send your complaint to:

Kerri Garvin
Town Manager/ADA & Title VI Coordinator
13909 Pony Express Run, PO Box 408
Leo, IN 46765
Email: leocedarville@gmail.com
Phone: (260)627-6321

Printed Name: _____

Signature: _____

Date: _____