

Accessibility Complaint / Grievance Form

Grievant Information:

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

Person Preparing Complaint Relationship to Grievant (if different from Grievant):

Grievant Name:			
Address:	City:	State:	Zip Code:
Phone: () -	E-Mail:		
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: ADA Coordinator, Tom Leonhard, City of Portland or via fax (260) 726-2763

Upon request, reasonable accommodation will be provided in completing this form or copies of the form will be provided in alternative formats. Contact the ADA Coordinator at 215 S. Wayne Street, Portland, IN 47371 or via telephone ((260) 726-4077.