

APPENDIX A: COMPLAINT / GRIEVANCE FORM

Grievant Information:

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

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

Name:		
Address:		
City:	State:	Zip:
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: Parke County ADA Coordinator
116 W. High Street, Room 104
Rockville IN 47872