

## **COMPLAINT/GRIEVANCE FORM**

## **Grievant Information** Grievant Name\_\_\_\_\_ Address\_\_\_\_\_ Person Preparing Complaint Relationship to Grievant (if different from Grievant) Address\_\_\_\_\_IN ZipCode\_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_-\_\_\_ Alternative Phone(\_\_\_\_\_) \_\_\_-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						
Signature						
Date						

Please return to:

Philip Montarsi, ADA Coordinator 14 E Lakeview Drive Nineveh, IN 46164