

**COMPLAINT/GRIEVANCE FORM**

**Grievant Information**

Grievant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone(\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ Alternative Phone(\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

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

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_IN ZipCode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Alternative Phone(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**Please specify any location(s) related to the complaint or grievance (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Please state what you think should be done to resolve the complaint or grievance**

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Please attach additional pages as needed.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return to:

**Philip Montarsi, ADA Coordinator**

**14 E. Lakeview Drive**

**Nineveh, IN 46164**