

Town of Fortville, Indiana ADA Grievance Form

- 1. Fill out** (type in the provided fields) *hint: you may tab through the form*
- 2. Print** (remember to sign the form after you print it)
- 3. Submit to:**

Town of Fortville
 ADA Coordinator & Town Council,
 714 East Broadway Street, Fortville, Indiana 46040
 317-485-4044 Voice

Request may be send via the facsimile at 317-485-4141.

TITLE II, AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

Instructions: Please fill out this form in black ink or type. Sign and return it.

Grievant:	<input style="width: 90%;" type="text"/>
Address:	<input style="width: 90%;" type="text"/>
Town:	<input style="width: 90%;" type="text"/>
State:	<input style="width: 15%;" type="text"/> Zip Code: <input style="width: 25%;" type="text"/>
Telephone	
Home:	<input style="width: 90%;" type="text"/>
Business:	<input style="width: 90%;" type="text"/>
Person Alleging Violation of Title II	
<i>(if other than the grievant):</i>	<input style="width: 90%;" type="text"/>
Address:	<input style="width: 90%;" type="text"/>
Town:	<input style="width: 90%;" type="text"/>
State:	<input style="width: 15%;" type="text"/> Zip Code: <input style="width: 25%;" type="text"/>
Telephone	
Home:	<input style="width: 90%;" type="text"/>
Business:	<input style="width: 90%;" type="text"/>
Town Department, Bureau or Service:	<input style="width: 90%;" type="text"/>
Address:	<input style="width: 90%;" type="text"/>
Town:	<input style="width: 90%;" type="text"/>
State:	<input style="width: 15%;" type="text"/> Zip Code: <input style="width: 25%;" type="text"/>
Telephone	

Home:	<input type="text"/>
Business:	<input type="text"/>
When did the alleged violation occur?	
Date:	<input type="text"/>
Describe the alleged act(s), providing name(s) where possible of the individuals who allegedly violated Title II. (attach additional pages if necessary.)	
Has this complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court?	
Yes:	If yes please complete section B
No:	
Section B	
Agency or Court:	<input type="text"/>
Contact Person:	<input type="text"/>
Address:	<input type="text"/>
Town:	<input type="text"/>
State:	<input type="text"/> Zip Code: <input type="text"/>
Telephone:	<input type="text"/>
Date Filed:	<input type="text"/>
Additional space for answers:	
Signature: _____ Date: _____	