Appendix A: Complaint / Grievance Form

Grievant Information:

Address:				
	City:	State:	Zip Code:	
Phone:	Email:		<u> </u>	
Alternative Phone:		APPA-1000 - 10-10-10-10-10-10-10-10-10-10-10-10-10-1		
Person Preparing Complaint Relation	nship to Grievant (if differen	t from Grieva	int):	
Name:				
Address:	City:	State:	Zip Code:	
Phone:	Email:			
Alternative Phone:			·	
	o the complaint or grievance (i	if applicable):		
rease specify any totalion(s) related to	o the complaint of grievance (i	if applicable):		
Please provide a complete description of				

 			 	
				
	 			
ase attac	h additional n	ages as needed.		
	p			
4				
nature: _				
e:				

Please return to: Jason T. Hartman, ADA Coordinator, 201 North Grant, Bainbridge, IN 46105 or via facsimile to (765) 522-3527.

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 the address listed above or via telephone (765) 522-6238.