

APPENDIX A: COMPLAINT / GRIEVANCE FORM

Grievant Information:

Address: Phone:			
Phone:	City:	State:	Zip:
i iiolic.	Email:	<u> </u>	
Alternative Phone:			
Person Preparing Complaint Relation	ship to Grievant (i	f different from G	Grievant):
Grievant Name:			
Address:	City:	State:	Zip:
Phone:	Email:	l e e e e e e e e e e e e e e e e e e e	I
Alternative Phone:			
Please provide a complete description	n of the specific co	mplaint or grieva	ance:
Please provide a complete description	n of the specific co	mplaint or grieva	ance:
Please provide a complete description	n of the specific co	mplaint or grieva	ance:
Please provide a complete description	n of the specific co	mplaint or grieva	ance:

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: 101 West Main Street, Madison, IN 47250

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 (812) 265-8300.