



Grievant Information:

Grievant Name:			
Address:	City:	State:	Zip:
Phone:	Email:		
Alternative Phone:			

Grievant Name:			
Address:	City:	State:	Zip:
Phone:	Email:		
Alternative Phone:			

Please specify any location(s) related to the complaint or grievance (if applicable):

[illegible]

Please provide a complete description of the specific complaint or grievance:

[illegible]

[illegible]

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.

