

ADA Grievance/Complaint Form

Date:		
Full Name:		
Phone Number:	Email:	
Address:		
City:	State:	ZIP:

COMPLAINT INFORMATION

Address or Description of Location:
Nature of Complaint: (check all that apply) <input type="checkbox"/> Sidewalk or Curb Ramp <input type="checkbox"/> Crosswalk or Pedestrian Signal <input type="checkbox"/> Building Access <input type="checkbox"/> Programming <input type="checkbox"/> Other (explain):
Describe the Grievance/Complaint: (if needed, you may use additional pages)
Date of Incident: (if applicable)

Complainant Signature	Date
Witness <i>(if applicable)</i>	Date
Town Official/Recipient	Date

The Town of Otterbein requires that you use this form to formally lodge a complaint. If you need more space, you may attach additional pages (please number additional pages). In some situations, accompanying letters may be beneficial to fully explain the situation. In all situations, this form must be completed in its entirety. You have the right to seek private counsel. If necessary, staff shall complete the form for the complainant with a second witness (preferably a representative of the complainant).

Please make a copy of your complaint form for your personal records. Records sent to our office will not be returned. All complaints and attachments received will become the sole property of the Town of Otterbein.

Return your completed complaint form to:

ADA/Title VI Coordinator:	Lukas Darling, MPA
Address:	111 South Main Street, PO Box 215, Otterbein, IN 47970
Phone Number:	(765) 583-3430
Email:	LDarling@otterbein.in.gov