

Grievance Form Warren County, Indiana

Complainant Information:

Name: _____
Address: _____
City/State/ZIP Code: _____
Telephone: _____
Email Address: _____

Person preparing complaint if other than complainant:

Name: _____
Address: _____
Telephone and Email Address: _____
Relationship to Complainant: _____

Please specify date/time/location related to complaint/grievance: _____

Please provide a detailed description of complaint/grievance: _____

If there are witnesses, please list names and addresses: _____

Requested action by the Town to correct complaint/grievance: _____

Signature: _____ Date: _____

Please return to ADA Coordinator

Date Received: _____ Action Taken: _____

ADA /TITLE VI COORDINATOR
Jill Wilson
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Williamsport, IN 47993
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hr@warrencounty.in.gov