

## City of Seymour, Indiana ADA Grievance Form

1. **Fill out** (type in the provided fields) *hint: you may tab through the form*
2. **Print** (remember to sign the form after you print it)
3. **Submit to:**

City of Seymour  
 ADA Coordinator & City Board of Works,  
 301-309 N. Chestnut Street, Seymour, IN 47274  
 (812) 926-1777 Voice

Request may be send via the facsimile at (812) 523-6687.

### TITLE II, AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

*Instructions: Please fill out this form in black ink or type. Sign and return it.*

Grievant:	<input style="width: 95%;" type="text"/>
Address:	<input style="width: 95%;" type="text"/>
City:	<input style="width: 95%;" type="text"/>
State:	<input style="width: 15%;" type="text"/> Zip Code: <input style="width: 40%;" type="text"/>
<b>Telephone</b>	
Home:	<input style="width: 40%;" type="text"/>
Business:	<input style="width: 40%;" type="text"/>
<b>Person Alleging Violation of Title II</b>	
<i>(if other than the grievant):</i>	<input style="width: 95%;" type="text"/>
Address:	<input style="width: 95%;" type="text"/>
City:	<input style="width: 95%;" type="text"/>
State:	<input style="width: 15%;" type="text"/> Zip Code: <input style="width: 40%;" type="text"/>
<b>Telephone</b>	
Home:	<input style="width: 40%;" type="text"/>
Business:	<input style="width: 40%;" type="text"/>
City Department, Bureau or Service:	<input style="width: 95%;" type="text"/>
Address:	<input style="width: 95%;" type="text"/>
City:	<input style="width: 95%;" type="text"/>

State:	<input type="text"/>	Zip Code:	<input type="text"/>
<b>Telephone</b>			
Home:	<input type="text"/>		
Business:	<input type="text"/>		
When did the alleged violation occur?			
Date:	<input type="text" value="MM/DD/YYYY"/>		
Describe the alleged act(s), providing name(s) where possible of the individuals who allegedly violated Title II. (attach additional pages if necessary.)			
<div style="border: 1px solid gray; height: 150px; width: 100%;"></div>			
Has this complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court?			
Yes:	<input type="checkbox"/>	<b>If yes please complete section B</b>	
No:	<input type="checkbox"/>		
<b>Section B</b>			
Agency or Court:	<input type="text"/>		
Contact Person:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone:	<input type="text"/>		
Date Filed:	<input type="text" value="MM/DD/YYYY"/>		
Additional space for answers:			
<div style="border: 1px solid gray; height: 80px; width: 100%;"></div>			
<b>Signature:</b> _____		<b>Date:</b> _____	



