

## Town of Zionsville, 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:**

Town of Zionsville  
 ADA Coordinator & Town Board of Works,  
 1100 West Oak Street, Zionsville, Indiana 46077  
 317-873-8247 Voice

Request may be send via the facsimile at 317-873-8021.

### **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: 90%;" type="text"/>
Address:	<input style="width: 90%;" type="text"/>
Town:	<input style="width: 90%;" type="text"/>
State:	<input style="width: 15%;" type="text"/> Zip Code: <input style="width: 25%;" 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: 90%;" type="text"/>
Address:	<input style="width: 90%;" type="text"/>
Town:	<input style="width: 90%;" type="text"/>
State:	<input style="width: 15%;" type="text"/> Zip Code: <input style="width: 25%;" type="text"/>
<b>Telephone</b>	
Home:	<input style="width: 40%;" type="text"/>
Business:	<input style="width: 40%;" type="text"/>
Town Department, Bureau or Service:	<input style="width: 90%;" type="text"/>
Address:	<input style="width: 90%;" type="text"/>
Town:	<input style="width: 90%;" type="text"/>
State:	<input style="width: 15%;" type="text"/> Zip Code: <input style="width: 25%;" 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="radio"/> <b>If yes please complete section B</b>
No:	<input checked="" type="radio"/>
<b>Section B</b>	
Agency or Court:	<input type="text"/>
Contact Person:	<input type="text"/>
Address:	<input type="text"/>
Town:	<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> _____