

ADA & TITLE VI COMPLAINT/GRIEVANCE FORM



TOWN OF ALBION

Complainant: _____.
Person Preparing Complaint (if different from Complainant): _____.
Relationship to Complainant (if not the Complainant): _____.
Street Address (include apt or lot number): _____.
City/Town: _____ State: _____ Zip Code: _____.
Phone: () - _____ Email: _____.

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

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

Please state what you believe should occur to resolve the complaint or grievance: _____

Attached additional pages as needed.

_____ Check here if you prefer not to be contacted by the ADA/Title VI Coordinator.

Signature: _____ Date: _____

Return to: Stefen Wynn
 Albion Town Manager/ADA Coordinator/Title VI
 PO Box 27
 Albion, Indiana 46701

Upon request, reasonable accommodations will be provided to assist with completion of this form or the form will be provided in an alternative format. Contact the Albion Town Manager at (260) 636-2246 during normal business hours if assistance is required.