

**ADA GRIEVANCE FORM
CITY OF SOUTH BEND, INDIANA**

Today's Date: _____

Complainant: _____

Address: _____

City, State, Zip: _____

Telephone and E-mail: _____

Individual Discriminated Against: _____
(If Different from Complainant)

Address: _____

City, State, Zip: _____

Telephone and E-mail: _____

Alleged Violation: Date(s) & Approximate Time
of Occurrence: _____

Detailed Description of Violation and City Department Involved: _____

Requested Action by City to Correct Violation: _____

Has Complaint been filed with State or Federal Agency: _____ Yes _____ No

Name of Agency: _____ Date Filed _____

Contact Person: _____

Signature; _____

If there are witnesses, please list names and addresses separately.