

# Grievance Form

## Town of Rossville, Indiana

Complainant Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone and Email Address: \_\_\_\_\_

Person preparing complaint if other than complainant/relationship to complainant:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone and Email Address: \_\_\_\_\_  
Relationship to Complainant: \_\_\_\_\_

Please specify date/time/location related to the complaint/or grievance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a detailed description of complaint/or grievance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there are witnesses, please list names and addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested action by the Town to correct complaint/or grievance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: ADA Coordinator/Clerk Treasurer  
Town of Rossville  
P.O. Box 550  
Rossville, IN 46065

Date Received: \_\_\_\_\_ Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_