GRIEVANCE FORM
AMERICANS WITH DISABILITIES ACT (ADA)
CITY OF MICHIGAN CITY, INDIANA

Instructions: Please fill out this form completely in black ink or type. Sign and return to the address on the next page. Alternative means of filing a grievance complaint, such as a personal interview or audio recording, will be made available upon request to the ADA Coordinator, whose contact information is listed at the end of this form.

Complainant: _____

Address: _____

City, State & Zip: _____

Home phone: _____ Mobile phone: _____

Email address: _____

Person Discriminated Against: _____
(if other than complainant)

Address: _____

City, State & Zip: _____

Home phone: _____ Mobile phone: _____

Email address: _____

City Department(s) you believe discriminated: _____

Where alleged discrimination took place: _____

When alleged discrimination took place (date/time): _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who allegedly discriminated (if applicable) or facilities in violation of the Americans with Disabilities Act. Attach additional pages if necessary.

_____

_____

_____

_____

Has a complaint been filed with another bureau of the Department of Justice or any other federal, state, or local civil rights agency or court? Yes _____No _____

If yes, with what agency or court? _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Date Filed: _____

Do you intend to file with another agency or court? Yes _____ No _____

Agency or Court: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Additional Space for Answers, if necessary: _____

_____

_____

_____

_____

Signature: _____ Date: _____

Return to: Timothy D. Werner, P.E.; City Engineer/ADA Coordinator
100 E. Michigan Boulevard
Michigan City, Indiana 46360
twerner@emichigancity.com
(219) 832-4994