REQUEST FOR REVIEW OF DECISION OF ADA COORDINATOR
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 Clerk's Office, whose contact information is listed at the end of this form.

Complainant: _____

Address: _____

City, State & Zip: _____

Home phone: _____ Mobile phone: _____

Email address: _____

Date I received written response from ADA coordinator: _____

Reasons why I disagree with decision of ADA coordinator: _____

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How I believe compliance can be achieved and this matter resolved:

_____

_____

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Additional Space for Answers, if necessary: _____

_____

_____

_____

_____

Signature: _____ Date: _____

Return to: Michigan City Clerk's Office
100 E. Michigan Boulevard
Michigan City, Indiana 46360
Attn: Gale Neulieb
galen@emichigancity.com
(219) 873-1410 (telephone)