

# ADA GRIEVANCE PROCEDURE - TOWN OF OTTERBEIN

## GRIEVANCE FORM

<b>COMPLAINANT INFORMATION:</b>	
Name:	
Address:	
Daytime Phone:	
Email:	
<b>LOCATION INFORMATION</b>	
Address (If Known):	
Location Description:	
<b>NATURE OF GRIEVANCE</b>	
Sidewalk, Ramp:	
Crosswalk, Pedestrian Signal:	
Building Access:	
Programming:	
Other:	
Describe the Grievance/Complaint/Problem:	
Date of Incident, If Applicable:	
<b>FOR LOCAL/ADA COORDINATOR USE ONLY</b>	
City Representative Preparing the Form if not by Complainant and Date Complaint Received:	
Date Received by Department Head, If Appl.:	
Date Received by ADA Coordinator:	
Date of Initial Contact:	
Date of Meeting or Site Visit:	
Date Assigned to Department Head/Who:	
Date Returned from Department:	
Date ADA Coordinator's Decision Mailed:	
Date Appeal Received by Council:	
Date First on City Council Agenda:	
Date City Council Decision:	
Date Council Decision Mailed:	