APPENDIX L: Grievances

As grievances are submitted, they will be processed and added to this section, along with the status, final determination and action(s) taken. The current Grievance form is on the next page.

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Town of Zionsville, Indiana
ADA Grievance Form

1. Fill out (type in the provided fields) *hint: you may tab through the form*
2. Print (remember to sign the form after you print it)
3. Submit to:

Town of Zionsville
ADA Coordinator & Town Board of Works,
1100 West Oak Street, Zionsville, Indiana 46077
317-873-8247 Voice

Request may be send via the facsimile at 317-873-8021.

TITLE II, AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM
Instructions: Please fill out this form in black ink or type. Sign and return it.

Grievant:	
Address:	
Town:	
State:	Zip Code:
Telephone	
Home:	
Business:	
Person Alleging Violation of Title II	
(if other than the grievant):	
Address:	
Town:	
State:	Zip Code:
Telephone	
Home:	
Business:	
Town Department, Bureau or Service:	
Address:	
Town:	
State:	Zip Code:
Telephone	

Zionsville ADA Transition Plan

Home:	
Business:	

When did the alleged violation occur?

Date:	MM/DD/YYYY

Describe the alleged act(s), providing name(s) where possible of the individuals who allegedly violated Title II. (attach additional pages if necessary.)

Has this complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes: ☐	**If yes please complete section B**
No: ☉	

Section B

Agency or Court:	
Contact Person:	
Address:	
Town:	
State:	Zip Code:
Telephone:	
Date Filed:	MM/DD/YYYY

Additional space for answers:

Signature:_____ **Date:**_____