## TOWN OF MONTEZUMA COMPLAINT/GRIEVANCE FORM

## **Grievant Information:** Grievant Name: City: State: Zip Code: Address: Email: Phone: Alternative Phone: Person Preparing Complaint Relationship to Grievant (if different from Grievant): Grievant Name: City: State: Zip Code: Address: Email: Phone: Alternative Phone: Please specify any location(s) related to the complaint or grievance (if applicable): Please provide a complete description of the specific complaint or grievance:

ease state wha	t you think sh	ould be done	to resolve the	complaint or	grievance:
	e				
nature:					ī
ease return to:	Cathy Morgan	, ADA Coordi	nator, Montezu	ma Municipa	l Building, 1243
kson St, Mon	tezuma, IN 47	863			

above or via telephone 765-245-2759.

Upon request, reasonable accommodation will be provided in completing this form or copies of the form will be provided in alternate formats. Contact the ADA Coordinator at the address listed

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