



Town of Westport
Phone: (812) 591-3500
Fax: (812) 591-3953
E-mail: townofwestport@comcast.net

Appendix A: Complaint/Grievance Form

Grievant Information

Grievant Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Alternate Phone #: _____

Person Preparing Complaint Relationship to Grievant (If different from Grievant): _____

Address: _____

City, State, Zip: _____

Phone: _____ Alternate 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:

Please state what you think should be done to resolve the complaint or grievance:

Please attach additional pages as needed.

Signature: _____

Date: _____

**Please Return to Town of Westport ADA Coordinator, 207 Johnson Ave, PO Box 579, Westport, Indiana or
fax (812) 591-3953 or e-mail townofwestport@comcast.net**

**Upon request, reasonable accommodation will be provided in completing this form or copies of the form
will be provided in alternative formats. Contact the ADA Coordinator at the address listed above or via
telephone (812) 591-3500.**

Date Received (Office Use only): _____