



GRIEVANCE FORM

Grievant Name: _____

Home Address: _____

City, State, and Zip Code: _____

Home Telephone: _____ Business/Cell Phone: _____

Email Address: _____

.....
This section to be completed only if the aggrieved person is not the individual completing this form.

Reporting Individual: _____

Person(s) Affected by the Situation (if other than reporting individual): _____

Address: _____

City, State, and Zip Code: _____

Preferred Telephone or Email: _____

.....
Program/Activity/Facility Alleged to Be Inaccessible: _____

When did the situation occur? (date and time): _____



Town of INDIAN TRAIL north carolina

Describe the situation or way in which the program is not accessible, providing the name(s) where possible of the individuals who were involved in the situation (please attach additional pages as needed).

Have efforts been made to resolve this complaint through the Request for Accommodation with the ADA Coordinator? YES ___ NO ___

If yes, what were the results? _____

Signature: _____ Date: _____

Send or deliver to:

Carey Warner, ADA Coordinator
Phone: 704-821-5401 ext. 397
Email: cww@indiantrail.org
Mailing Address: Attn: ADA Coordinator, PO Box 2430
Indian Trail, NC 28079

Upon request, reasonable accommodation will be provided in completing this form or copies of the form. Please contact the ADA Compliance Coordinator.