



**city of beech grove**

*City of Beech Grove, Indiana*  
**ADA Grievance Form**

**Today's Date:** \_\_\_\_\_

**Complainant:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone & E-mail: \_\_\_\_\_

**Alleged Violation:** Date(s) and Approximate Time of Occurrence: \_\_\_\_\_

\_\_\_\_\_

**Detailed Description of Violation and City Department Involved:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Requested Action by City to Correct Violation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has Complaint been filed with State or Federal Agency?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Agency: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**If there are witnesses, please list names and addresses separately.**