

Title VI/ADA Complaint Form

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| Name: | |
| Address: | |
| Phone: | Alternative Phone: |
| Email: | |

Person preparing Complaint (if different from complainant):

| | | | |
|------------------------------|--------------------|--------|-----------|
| Relationship to Complainant: | | | |
| Name: | | | |
| Address: | City: | State: | Zip Code: |
| Phone: | Alternative Phone: | | |
| Email: | | | |

Please provide a complete description of the specific complaint:

Please specify any Location(s) related to the complaint (if applicable):

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

Please attach additional pages as needed:

Signature: _____

Date: _____

Please return to: Title VI/ADA Coordinator, 1 West Hill Street, Ste. 202, Wabash, IN 46992 or via fax: (260) 563-5898.

Upon request, reasonable accommodations will be provided in completing this form or copies of the form will be provided in alternative formats. Contact the Title VI/ADA Coordinator at 1 West Hill Street, Ste. 202, Wabash, IN 46992 or via telephone: (260) 563-0661 Extension 1290