

**Appendix B: Appeal Grievance/ Complaint Form**

**Section 1: Please Fill in Completely.**

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<b>Last Name</b>	<b>Middle Initial</b>	<b>First Name</b>
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\_\_\_\_\_

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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\_\_\_\_\_

<b>Telephone Number (including area code)</b>	<b>Best time to call this number</b>
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\_\_\_\_\_

**Date**

\_\_\_\_\_

**Email Address**

**Section 2: Please provide a complete description of the specific complaint or grievance (Please attach additional pages as needed):**

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**Section 3: Has efforts been made to resolve this complaint through the internal grievance procedure?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, what is the status of the grievance?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 5: Date of the ADA Coordinator's determination:** \_\_\_\_\_

**Has the complaint been filed with any Federal, State or local civil rights agency or court?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please sign and date this form.**

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

\_\_\_\_\_  
**Date**

**Please return to: Sam Shapira, Traffic Engineer, ADA Coordinator, 401 Broadway, Suite 300, Gary, IN 46402 or via fax (219)882-7371.**

**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 (219)881-1310.**

**Resolved (for city use only)**

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