

**ALLEN COUNTY, INDIANA  
ADA/TITLE VI GRIEVANCE FORM**

**Instructions:** Please fill out this form completely in blue or black ink or type. Sign and submit to the ADA & Title VI Coordinator, Allen County Commissioners' Office, 200 E. Berry Street, Suite 410, Fort Wayne, IN 46802. For assistance please call 260-449-7555.

**THIS FORM IS OPTIONAL AND IS PROVIDED FOR YOUR CONVENIENCE.**

Grievant Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

If an authorized representative is filing this grievance on behalf of another person, his/her personal information must also be included:

Representative Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Please tell us why you believe the discrimination occurred: Race, Color, Gender, Age, Disability, National Origin, Other (Specify): \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location or Address of Incident: \_\_\_\_\_

Describe your grievance: \_\_\_\_\_

\_\_\_\_\_

What type of corrective action would you like to occur? \_\_\_\_\_

\_\_\_\_\_

If the incident involved an Allen County employee, please list his/her name: \_\_\_\_\_

Names and contact information of witnesses: \_\_\_\_\_

\_\_\_\_\_

If your grievance is being filed on behalf of another person or group of people, all grievants must be identified by name: \_\_\_\_\_

**Grievant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_