

City of Columbia City

ADA Transition Plan for Public Rights-Of-Way

Resident Complaint/Grievance Form

I. Complaint/Grievant Information

Name: _____

Address: _____

City: _____

Telephone Number: _____

Preferred Method of Communication:

☐ Voice telephone ☐ TTY ☐ e-mail ☐ mail ☐ Other

II. Please specify any locations(s) related to the complaint or grievance (if applicable):

III. Please provide a complete description of the specific complaint based on disability:

IV. Please state what you think should be done to resolve the complaint or grievance:

V. Certification: I hereby certify that the information and statement provided above are true.

Signature _____ Date _____

If person needing accommodation is not individual completing the form, please provide:

Name: _____ Address: _____

Phone Number: _____

Please return to: City of Columbia City ADA Coordinator, 112 S. Chauncey St., Columbia City, IN 46725 or via fax (260) 248-5105. Upon request, reasonable accommodation will be provided in completing this Form or copies of the form will be provided in alternative formats. Contact the City of Columbia City ADA Coordinator at the address listed above or via telephone (260) 248-5109.