

ADA Grievance Form



Patty Morgan
City of Goshen
204 E. Jefferson St.
Goshen, IN
46528
Phone: 574-534-8475
Fax: 574-534-2410
www.goshenindiana.org

| | |
|------------------------|--|
| Date: | |
| Your Name: | |
| Address: | |
| City/State/Zip: | |
| Phone: | |
| E-mail: | |

How to contact you

- E-mail
 Phone

| | |
|---|--|
| Complainant (if different from above): | |
| Address: | |
| City/State/Zip: | |
| Phone: | |
| E-mail: | |

Describe the alleged violation in detail:

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Internal Use Only

| Date Received: | Date Acknowledged: | Findings: |
|----------------|--------------------|-----------|
| | | |