



CITY OF GOSHEN GRIEVANCE FORM

Date _____

Name of Person _____

Alleging Discrimination _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email _____

Name of Person _____

Filing Complaint (if different than above) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Description of the alleged discrimination, including date and location: _____

Remedy sought: _____

Return to: City of Goshen Human Resources Department
Attention: Title VI Coordinator and ADA Coordinator
204 East Jefferson Street, Suite 3
Goshen, Indiana 46528
Fax: (574) 534-2410
Email: humanresources@goshencity.com