

Town of Porter – ADA Complaint/Grievance Form

Complainant: _____

Person Preparing Complaint (if different from Complainant): _____

Relationship to Complainant (if different from Complainant): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please provide a complete description of the specific complaint or grievance:

Please specify any location(s) related to the complaint or grievance (if applicable):

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

Please attach additional pages as needed.

Please do not contact me personally

Signature: _____ Date: _____

Return to: Town of Porter, ADA Coordinator, 303 Franklin Street, Porter, IN 46304.

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact: Town of Porter, ADA Coordinator, 303 Franklin Street, Porter, IN 46304. Telephone (219) 395-9921, Fax (219) 395-8811.