

ADA GRIEVANCE PROCEDURE - ABOITE CIVIL TOWNSHIP

GRIEVANCE FORM

COMPLAINANT INFORMATION:	
Name:	
Address:	
Daytime Phone:	
Email:	
LOCATION INFORMATION	
Address (If Known):	
Location Description:	
NATURE OF GRIEVANCE	
Playground Equipment:	
Sports Field Access:	
Building Access:	
Other:	
Describe the Grievance/Complaint/Problem:	
Date of Incident, If Applicable:	
FOR LOCAL/ADA COORDINATOR USE ONLY	
Township Representative Preparing the Form if not by Complainant and Date Complaint Received:	
Date Received by Township, If Appl.:	
Date Received by ADA Coordinator:	
Date of Initial Contact:	
Date of Meeting or Site Visit:	
Date ADA Coordinator's Decision Mailed:	
Date Appeal Received by Township Board:	
Date First on Township Board Agenda:	
Date Township Board Decision:	
Date Board Decision Mailed:	

