Appendix A: Complaint / Grievance Form

Grievant Information:

<table>
<thead>
<tr>
<th>Grievant Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Alternative Phone:</td>
</tr>
</tbody>
</table>

Person Preparing Complaint Relationship to Grievant (if different from Grievant):

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Alternative Phone:</td>
</tr>
</tbody>
</table>

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

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

________________________________________________________________________
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AMERICANS WITH DISABILITIES ACT (ADA) TRANSITION PLAN FOR PUBLIC RIGHTS-OF-WAY
CITY OF BRAZIL, IN
Please state what you think should be done to resolve the complaint or grievance:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please attach additional pages as needed.

Signature: ________________________________________________________________
Date: ______________________________________

Please return to: ADA Coordinator, 203 East National Avenue, Brazil, IN 47834 or via facsimile to (812) 446-0337.

Upon request, reasonable accommodation will be provided in completing this Form or copies of the form will be provided in alternative formats. Contact the ADA Coordinator at the address listed above or via telephone (812) 443-2221.