

Enclosure No. 3

## City of Linton ADA Grievance Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Location of problem: \_\_\_\_\_  
\_\_\_\_\_

Date noticed: \_\_\_\_\_

Description of problem:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Please attach additional pages if needed**

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Linton City Hall  
Attn: ADA Coordinator  
86 S. Main Street  
Linton, IN 47441  
(812) 847-4257