

PORTER COUNTY ADA GRIEVANCE FORM

*Please read the attached Complaint, Grievance and Appeal Process Policy & Procedures.
Please print clearly.*

Today's Date: _____

Grievant: _____

Address: _____

City, State, Zip: _____ Phone No: _____

Individual Discriminated Against: _____

Address: _____

City, State, Zip: _____ Phone No: _____

Alleged Violation & Date(s) of Occurrence: _____ **TO** _____

Describe the violation and identify the County department involved: _____

Has complaint been filed with a State or Federal agency: YES _____ NO _____

Name of Agency: _____ Date Filed: _____

Contact Person: _____

Address: _____

Phone: _____

Grievant's Signature: _____

For a complaint to be acted upon, it must be documented in writing with the complainant's signature and address. The initial complaint, whether verbal or written, should be directed to the ADA Coordinator within 60 calendar days of the incident. Forms are available on the County's website at www.PorterCo.org and at the Administration Building, 155 Indiana Avenue, Suite 205, Valparaiso, IN 46383. [Alternate formats are available upon request. If you require assistance completing this form, please call \(219\) 465-3329.](#)