

**Rick Ranstead**  
**ADA Coordinator and Fulton County Highway Superintendent**  
**1037 South State Road 25**  
**Rochester, IN 46975**  
**Phone: (574) 223-2385**

**TITLE II of the Americans with Disabilities Act**  
**GRIEVANCE FORM**

**I. COMPLAINANT INFORMATION**

Name of Complainant: \_\_\_\_\_

Last                      MI                      First

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Method(s) of Communication: (Check all that apply)

Voice Telephone     TTY     e-mail     mail    C: \_\_\_\_\_

**II. DESCRIBE YOUR COMPLAINT OF DISCRIMINATION BASED UPON DISABILITY.**

Be specific and give date(s), time(s), and location(s). Use reverse side of this sheet or attached pages, if needed.

**III. PERSONS NAMED IN YOUR COMPLAINT.** List the names of (or describe) all person involved in your complaint. Indicate the job title and County Department if possible.

**IV. WITNESSES TO YOUR COMPLAINT.** List the names of (or describe) all persons involved in your complaint. Indicate the job title and County Department, if possible.

**V. EVIDENCE AND DOCUMENTATION.** List and provide any physical evidence, written or recorded documents, or any other information that directly supports your specific claim of discrimination.

**VI. CASE REMEDY AND/OR RESOLUTION.** What remedies or resolutions are you seeking?

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**CERTIFICATION**

**I hereby certify that the information and statements provided above are true.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Complainant is not the individual completing this form, please provide:

Representative's Printed Name: \_\_\_\_\_

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

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