

Enclosure No. 3

Town of Highland

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:

Highland Town Hall
Attn: ADA Coordinator
3333 Ridge Road
Highland, IN 46322
(219) 838-1080