

ADA GRIEVANCE PROCEDURE – TOWN OF PLAINFIELD

GRIEVANCE FORM

COMPLAINANT INFORMATION:	
Name:	
Address:	
Daytime Phone:	
Email:	
LOCATION INFORMATION	
Address (If Known):	
Location Description:	
NATURE OF GRIEVANCE	
Sidewalk, Ramp	
Crosswalk, Pedestrian Signal	
Building Access:	
Programming:	
Other:	
Describe the Grievance/Complaint/Problem:	
Date of Incident, If Applicable	
FOR LOCAL / ADA COORDINATORS USE ONLY	
Town Representative Preparing the Form if not by Complainant and Date Complaint Received:	
Date Received by Department Head, If Appl.:	
Date Received by ADA Coordinator:	
Date of Initial Contact:	
Date of Meeting or Site Visit:	
Date Assigned to Department Head/Who:	
Date Returned from Department:	
Date ADA Coordinator's Decision Mailed:	
Date Appeal Received by Council:	
Date First on Town Council Agenda:	
Date Town Council Decision:	
Date Council Decision Mailed:	