



CITY OF AUBURN, INDIANA

ADA GRIEVANCE FORM

Name of Complainant: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Work Telephone:

Mobile/Cell:

Email Address:

Date of Incident or Problem:

Description of Incident or Problem:

Please attach additional pages if needed.

This Grievance Form should be submitted by the grievant and/or his/her designee as soon as possible but no later than sixty (60) calendar days after the date of the alleged violation to the City of Auburn ADA Coordinator.

Troy F. Ackerman, Street Superintendent and ADA Coordinator
City of Auburn, Indiana
PO Box 506
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Auburn, IN. 46706
Telephone: 260.925.6455 ext. 2101
Fax: 260.920.3351
Email: Street@ci.auburn.in.us