



TOWN OF MIDDLEBURY, VERMONT - ADA - GRIEVANCE FORM

Grievant Name: _____

Person Preparing Complaint (if different from Grievant): _____

Primary Contact Person for Complaint: _____

Street Address/Apt. Number: _____

Town/City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Preferred Method of Contact (please circle one): US Mail / Telephone / Email / Other: _____

Please do not contact me personally (instead, communicate with contact person listed above)

Please Specify Any Dates/Times/Location(s) Related to the Complaint or Grievance:

Please Provide a Complete Description of the Specific Complaint or Grievance (as well as any other additional information the Grievant believes necessary to review the complaint):

Please State What You Think Should Be Done to Resolve the Complaint/Grievance:

Note: Please send to the Town's ADA Coordinator any additional pages/documents, as needed, with this completed form.

Signature: _____ Date: _____

Reasonable accommodation will be provided in completing this form, or copies of this form will be provided in alternative formats upon request.

To request accommodations and/or return this form to: ADA Coordinator; Town Manager's Office; Town of Middlebury; 77 Main Street, Middlebury, 05753; 802-388-8100 x222; dsophrin@townofmiddlebury.org.