

**TOWN OF SPRAGUE ADA GRIEVANCE FORM**

**Today's Date:** \_\_\_\_\_

**Complainant:** \_\_\_\_\_

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

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

Telephone and E-mail: \_\_\_\_\_

**Individual Discriminated Against:** \_\_\_\_\_

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

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

Telephone, and E-mail: \_\_\_\_\_

**Alleged Violation:** Date(s) of Occurrence: \_\_\_\_\_

Description of Violation and Department Involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Requested Action to Correct Violation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has Complaint been Filed with State or Federal Agency:**  Yes  No.

Name of Agency: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Contact

Person: \_\_\_\_\_

**Signature:** \_\_\_\_\_