

**PERRY COUNTY, INDIANA
GRIEVANCE FORM**

Instructions: Please fill out this form completely in blue or black ink or type. Sign and submit to the ADA Coordinator, c/o The Perry County Administrator, Perry County Courthouse, 2219 Payne Street, Tell City, IN 47586. For assistance please call 812-547-2758.

THIS FORM IS OPTIONAL AND IS PROVIDED FOR YOUR CONVENIENCE.

Grievant Name: _____

Address: _____ email: _____

Home Telephone: _____ Work: _____ Cell: _____

If an authorized representative is filing this grievance on behalf of another person, his/her personal information must also be included:

Representative Name: _____

Address: _____ email: _____

Home Telephone: _____ Work: _____ Cell: _____

Please tell us why you believe the discrimination occurred: Race, Color, Gender, Age, Disability, National Origin, Other (Specify): _____

Date of Incident: _____ Time of Incident: _____

Location or Address of Incident: _____

Describe your grievance: _____

What type of corrective action would you like to see be taken? _____

If the incident involved a Perry County employee, please list his/her name: _____

Names and contact information of witnesses: _____

If your grievance is being filed on behalf of another person or group of people, all grievants must be identified by name: _____

Grievant Signature: _____ **Date:** _____

Authorized Representative Signature: _____ **Date:** _____