

TOWN OF NORTH LIBERTY
ADA GRIEVANCE FORM

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Location of Problem: _____

Date Noticed: _____

Description of Problem: _____

Please attach additional pages if needed.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Vicki L. Kitchen
300 S Main St.
PO Box 515
North Liberty, IN 46554
nlclerk@yahoo.com
(574) 656-4447