



ADA Complaint Form

Town of Pendleton | Planning Department
PO Box 230 | 100 West State Street
Pendleton, Indiana 46064
Version 1222015

Complainant's Information

Complainant's Name

Date

Address

City/Town

State

Zip code

Phone Number

Email Address

Person Discriminated Against (if someone other than complainant)

Name of Person Discriminated Against

Address

City/Town

State

Zip code

Phone Number

Email Address

Date of alleged discrimination:

Location of alleged discrimination:

Primary Type of Disability

Issue

Please describe the alleged discrimination. Be as specific as possible in explaining what happened and whom you believe was responsible (attach additional pages if needed).

Please list any and all witnesses' names, phone numbers, and email addresses:

What type of remedy would you suggest?

Have you ever filed a complaint with any other federal, state, or local agency; or with any federal or state court?

Yes

No

If yes, which court or agency?

Please attach any documents or other information that you believe is relevant to your complaint. Please sign, date, and send your complaint to:

Scott Reske
Town Manager/ADA & Title VI Coordinator
100 West State Street, PO Box 230
Pendleton, IN 46064
Voice: 765-778-7776
Email: sreske@pendleton.in.gov

Printed Name

Signature

Date