

**TROY UNIVERSITY
ADA GRIEVANCE FORM**

Complainant:

Date: _____

Name: _____ Signature: _____

Mailing Address: _____

Home Phone # (____) _____ Work Phone # (____) _____

Faculty _____ Staff _____ Student _____ Other (specify) _____

Respondent:

Name of person or group the complaint is against: _____

Phone # (____) _____

Faculty _____ Staff _____ Student _____ Other (specify) _____

What was the result of your discussion with the respondent? (Please use back if additional space is necessary)

Complaint Details:

Date and Time: _____ Location: _____

What happened? _____

(Please use back of form if additional space is necessary)

Names and phone numbers of others who can verify what happened:

What would you like to see happen (for you, for others) with respect to this issue?

OFFICE USE ONLY

Actions Taken: _____
