



**Gaines Charter Township ADA Grievance Form**

**COMPLAINANT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**AGGRIEVED INDIVIDUAL (IF OTHER THAN COMPLAINANT)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**NATURE OF THE COMPLAINT**

Township Department Involved: \_\_\_\_\_  
Date(s) of Occurrence: \_\_\_\_\_  
Description of Violation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Action of Township to Correct Alleged Violation: \_\_\_\_\_

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**HAS THE COMPLAINT BEEN FILED WITH ANOTHER BUREAU OF THE DEPARTMENT OF JUSTICE OR ANY OTHER FEDERAL, STATE, OR LOCAL CIVIL RIGHTS AGENCY OR COURT?**

Check one Box:

YES  NO

**IF YES:**

Date Filed: \_\_\_\_\_ Agency or Court: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**IF NO:**

Do you intend to file with another agency or court?  YES  NO

If yes: Agency or Court: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**ADDITIONAL COMMENTS**

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Please Print*

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

**Return to:  
Gaines Charter Township  
8555 Kalamazoo Ave., SE  
Caledonia, MI 49316  
Telephone: 616-698-6640  
Fax: 616-698-2490**