

**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?

\_\_\_\_\_  
\_\_\_\_\_

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**OFFICE USE ONLY**

**Actions Taken:** \_\_\_\_\_

\_\_\_\_\_