

RUSH COUNTY

Section 504 Grievance Form

Grievance Information

Your Name: _____

Your Address: _____

City, State, Zip Code: _____

Daytime Phone: _____

Evening Phone: _____

Other Contact Information

Who else can we call if we cannot reach you? _____

Daytime Phone: _____

Evening Phone: _____

Grievance

1. **What** happened to you? How were you discriminated against? State briefly what happened.

2. **Why** do you believe you are being discriminated against?

3. **Who** do you believe discriminated against you?

Please note: If this is a housing-related grievance, it is a violation of the law to deny you your housing rights for any of the following factors: age, race, color, religion, sex, national origin, familial status (families with children under 18), or disability. Sufficient data should be included to substantiate any claims or charges.
Additional supporting documentation may be attached.

4. **Where** did the alleged act of discrimination occur?

Address: _____

City, State, Zip Code: _____

5. **When** did the last act of discrimination occur?

Enter the date (mm/dd/yyyy) _____

Is the alleged discrimination continuous or ongoing? Yes No

6. Is there any solution you believe may remedy the problem?

Signature

Date

Send this form to:

Jerry Sitton
Section 504 Coordinator
Rush County **Highway Department**
1352 E State Road 44
Rushville, IN 46173
Phone: (765) 932-2926
E-mail: highway@rushcounty.in.gov