



**GRIEVANCE FORM  
Americans with Disabilities Act "ADA"**

Mayor  
Andy Cook

City Council  
Jim Ake  
Steven Hoover  
Robert L. Horkay  
Chuck Lehman  
Robert J. Smith  
Cindy L. Spoljaric  
Robert W. Stokes

Clerk Treasurer  
Cindy J. Gossard

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please provide a complete description of your grievance:**

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

**Please specify the location of your grievance:**

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

**Please state what you think should be done to resolve the grievance:**

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

**Please attach additional pages as needed.**

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

Please return to: **Human Resource Manager**  
**City of Westfield**  
**2728 E 171<sup>st</sup> Street**  
**Westfield, IN 46074**

**Upon request, reasonable accommodation will be provided in completing this form. Contact the City of Westfield ADA Coordinator Gary Pence at 317-804-3137 or go to the location listed above.**

Public Works Department

(317) 804-3100 office  
(317) 804-3190 fax

2706 East 171st Street  
Westfield, IN 46074  
westfield.in.gov

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