



## Content Accessibility Grievance Form

Name of Person Making Grievance:

If completing this form by hand, please print.

Street Address:

Zip Code:

Home Phone Number With Area Code:

Cell Phone With Area Code (Optional):

Email Address (Optional):

Please write a concise statement of your grievance:

Please state the remedy or relief you are seeking:

Signature of Person Making Grievance:

Date:

**PLEASE RETURN THIS  
COMPLETED FORM TO:** Damar Headquarters  
6067 Decatur Blvd.  
Indianapolis, IN 46241

or email to Jenny Peters at [jennyp@damar.org](mailto:jennyp@damar.org)