

# **Village of Addison** **ADA Complaint/Grievance Form**

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

Received by: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Nature of Complaint:

\_\_\_\_\_  
Signature:  
*(By the complainant or by someone authorized to do on his/her behalf)*

Action taken:

**ASSISTANCE IN FILING – IF AN INDIVIDUAL’S DISABILITY IMPEDES HIS/HER COMPLETION OF THE FORM, PLEASE NOTIFY THE ADA COMPLIANCE COORDINATOR, SO THAT APPROPRIATE ASSISTANCE CAN BE PROVIDED.**

Appealed: \_\_\_\_\_

**Village of Addison**  
**ADA Complaint/Grievance**  
**REQUEST FOR APPEAL OF DECISION**

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

Received by: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Nature of Complaint:

\_\_\_\_\_  
Signature:  
*(By the complainant or by someone authorized to do on his/her behalf)*

Action Taken:

**ASSISTANCE IN FILING – IF AN INDIVIDUAL'S DISABILITY IMPEDES HIS/HER COMPLETION OF THE FORM, PLEASE NOTIFY THE ADA COMPLIANCE COORDINATOR, SO THAT APPROPRIATE ASSISTANCE CAN PROVIDED.**

Appealed: \_\_\_\_\_