



VILLAGE OF STREAMWOOD  
ADA COMPLAINT/GRIEVANCE  
REQUEST FOR APPEAL OF DECISION

Date of Request: \_\_\_\_\_

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

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

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

Nature of Request for Appeal: \_\_\_\_\_

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

(By the complainant or by someone authorized to do on his/her behalf)

Action taken by Village Manager: \_\_\_\_\_

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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: \_\_\_\_\_