



VILLAGE OF STREAMWOOD
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: _____