

ADA Complaint / Grievance Form

Please provide your contact information:

Complainant Name: _____

Street Address & Apt. No.: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please provide a complete description of the specific complaint or grievance:

Please specify any location(s) related to the complaint or grievance:

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

Has this complaint been filed with another federal, state, local agency, or legal entity? Yes No

If yes, please provide details below:

Please attach any additional pages as needed.

Signature: _____ Date: _____

Return to:

Village of West Dundee
ADA Coordinator
102 South Second Street
West Dundee, IL 60118
publicworks@wdundee.org

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the ADA Coordinator at the address listed above or via telephone at (847) 551-3815.