

**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 BE  
PROVED.**

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

REVISED 7/11