



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: _____

Signature: _____

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

Action taken by Village Manager: _____

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: _____