



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: \_\_\_\_\_