

**AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM**

Reporting Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

***This section to be completed only if the aggrieved person is not the individual completing this form.***

Person(s) Affected by the Situation: \_\_\_\_\_  
(if other than reporting individual)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

Program/Facility Alleged to Be Inaccessible: \_\_\_\_\_

Date situation occurred: \_\_\_\_\_

Describe the situation or way in which the program/facility is not accessible, providing the name(s) where possible of the individuals who were involved in the situation. (Attach additional pages if necessary.)

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Have efforts been made to resolve this complaint through a request for accommodations with the ADA Coordinator? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, what were the results? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send Completed Form to:

ADA Coordinator  
Village of Johnsburg  
1515 Channel Beach Avenue  
Johnsburg, IL 60051

RESERVED FOR ENTITY USE	
_____	_____
Date Received by ADA Coordinator	Date Village Response Sent