



**AMERICANS WITH DISABILITIES
COMPLAINT FORM**

Instructions: Please fill out this form completely. Sign and return to the address on page 2.

Complainant: _____

Address: _____

City, State and Zip Code: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Person Discriminated Against
(if other than the complainant): _____

Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Person, Department, Office, or Committee that you believe has discriminated:

Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone Number: _____

When did the discrimination occur? Date: _____

Describe the acts of discrimination providing the name(s) where possible of the individual(s) who discriminated
(use space on back if necessary):

What efforts have been made to resolve this complaint?



What is the status of those efforts?

Has a complaint been filed with a Federal, State, or local civil rights agency or court?

Yes _____ No _____

If yes:

Agency or Court:

Contact Person:

Address:

City, State, and Zip Code:

Telephone Number:

Date Filed:

Do you intend to file with another agency or court? Yes _____ No _____

If yes:

Agency or Court:

Address:

City, State and Zip Code:

Telephone Number:

Signature: _____

Date: _____

Return to: Michael S. Marron, Village Administrator

Village of Glendale Heights

1615 Glen Ellyn Road

Glendale Heights, IL 60139

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