

THE AMERICANS WITH DISABILITIES ACT
COMPLIANCE COMPLAINT APPEAL

File Number _____ Date Received _____

Complainant Information

Full Name _____ Phone Number _____

Address _____ City/ZIP _____

Email Address _____

If the response by the ADA Compliance Team does not satisfactorily resolve the issue, the complainant and/or their designee may appeal the decision within 15 calendar days after receipt of the response to the Village Administrator or designee.

Scott Eisenhauer, Village Administrator
Village of Rantoul, 333 S. Tanner Street, Rantoul, IL 61866

This complaint will be handled in accordance with the Village of Rantoul's ADA Grievance Procedure. On request, this Compliance Complaint Appeal form is available in alternative formats.

Nature of Request for Appeal

Please describe the reason for your request for appeal, and how you would like this matter resolved.

Complainant Signature

NOTICE: All written complaints received by the ADA Compliance Team, appeals to the Village Administrator or designee, and responses from these offices will be retained by the Village of Rantoul for at least three years.

OFFICE USE ONLY

Date Received _____ by Whom _____

Nature of Request for Appeal

Action Taken

Decision Communicated
