

THE AMERICANS WITH DISABILITIES ACT
PUBLIC ACCESS COMPLIANCE COMPLAINT

File Number _____ Date Received _____

Complainant Information

Full Name _____ Phone Number _____

Address _____ City/ZIP _____

Email Address _____

The complaint should be submitted by the grievant, and/or his designee, as soon as possible, but no later than 60 calendar days after the alleged violation to:

Chad Isley, ADA Compliance Coordinator
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 form is available in alternative formats.

Nature of Complaint

Please describe the incident(s) leading to this complaint. Identify the person(s) who allegedly committed a discriminatory practice (respondent) and indicate dates, times, locations, persons familiar with the circumstances, and any other details that may assist in understanding the complaint. Include the details of any requests for accommodation, along with the response to those requests. Please tell us how you would like this matter resolved.

Complainant _____ Respondent _____

Location of Alleged Discriminatory Practice _____

Witness _____ Date _____

Complaint Details *(attach additional pages if needed)*

Complainant Signature

Respondent Comments *(attach additional pages if needed)*

Respondent 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 Complaint

Action Taken

Decision Communicated

Appealed No Yes, date _____