

**THE AMERICANS WITH DISABILITIES ACT**  
**PRIVATE PROPERTY 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:

Christopher Milliken, 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)*

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\_\_\_\_\_  
*Complainant Signature*

Respondent Comments *(attach additional pages if needed)*

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*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.

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OFFICE USE ONLY

Date Received \_\_\_\_\_ by Whom \_\_\_\_\_

**Nature of Complaint**

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**Action Taken**

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**Decision Communicated**

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**Appealed**  No  Yes, date \_\_\_\_\_