THE VILLAGE OF
HOMEWOOD
1893

ADA COMPLAINT/GRIEVANCE FORM

If an individual's disability impedes his/her completion of the form, please notify ADA Coordinator, so that appropriate assistance may be provided. Please return the completed from to

ADA Coordinator
Village Manager's Office
2020 Chestnut Road
Homewood, IL 60430

Or nhaney@homewoodil.gov

Completed by Applicant

Date :_____

Complainant's Name:_____

Address:_____ Phone:_____

Nature of Complaint:_____

_____

_____

_____

_____

Complainant Signature:_____

Completed by ADA Coordinator

Received by:_____

Date Received:_____

Action Taken:_____

_____

Appealed:_____