

VILLAGE OF RANTOUL
AMERICANS WITH DISABILITIES ACT (ADA)

ADA COMPLIANCE COMPLAINT FORM

File No: _____

Name of Complainant _____

Address _____

Phone (v/tdd) _____ Date _____

Submit this complaint to:

Michael Loschen
ADA Compliance Coordinator
333 S. Tanner St.
Rantoul, IL 61866
(217)892-6821

TTY users should dial 7-1-1 or call the Illinois Relay Center at 1-800-526-0844 (TTY) or 1-800-526-0857 (V). TTY users requiring Spanish language assistance should call 1-800-501-0864 (TTY).

Your complaint will be handled in accordance with the Village of Rantoul's ADA Complaint Procedures. On request, this Complaint Form is available in alternative formats.

NATURE OF THE COMPLAINT:

On the **second sheet of this form** describe the incident(s) leading to this complaint. Please identify the person(s) who allegedly committed a discriminatory practice (respondent). 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 and the response to those requests. Please tell us how you would like this matter resolved.

PLEASE DO NOT WRITE BELOW THIS LINE

Date received _____ By whom _____

Nature of the Complaint

Action Taken

Decision Communicated to Complainant on:

Appealed: _____

