

**VILLAGE OF MOUNT PROSPECT  
GRIEVANCE FORM  
COMPLAINT OF ACCESS VIOLATION, DISCRIMINATION  
ON THE BASIS OF DISABILITY OR OTHER ADA VIOLATION**

*The Village of Mount Prospect will make every reasonable effort to ensure that confidentiality is maintained throughout the complaint and investigation process, to the extent consistent with the law. This means that the Village will share any sensitive information you provide here only on a need-to-know basis, unless otherwise required by law.*

<b>Individual identifying access violation or discrimination</b>	Name
	Address
	Telephone
<b>Authorized representative of individual above (if any)</b>	Name
	Address
	Telephone

1. Please describe the Village of Mount Prospect's alleged violation of access requirements, or discriminatory action, in enough detail so that the nature of your grievance can be clearly understood.

2. Please give the date(s), time(s) and location(s) of the incident(s) or observation(s) you are reporting:

3. If the incident involves a Village of Mount Prospect employee(s) please provide his or her description and name(s), if known:

4. If the grievance involves physical access to a Village of Mount Prospect public facility, land, or right-of-way, please provide the description and specific address(es) of those locations, if known:

5. Please give the name(s) and address(es), if known, of any witnesses to the access violation or alleged discrimination:

6. If this complaint is filed on behalf of a another person, or on behalf of a group of persons, please provide the names and addresses of all of such persons, if possible:

7. What action do you suggest should be taken to correct the alleged access violation or discrimination?

8. Is there any other information you want the Village to know concerning your grievance?

Add Additional pages as necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of (check one):

Observer of access violation       Observer of discrimination

Victim of access violation       Victim of discrimination

Authorized representative

Submit this form to the ADA Coordinator in the Village's Administration Office.

Received From: \_\_\_\_\_ Date: \_\_\_\_\_