

VILLAGE OF GLENVIEW GRIEVANCE FORM

Please fill out this form completely. Please note that this ADA notification procedure is for facilities, services, and programs owned and/or operated by the Village of Glenview.

Name (complainant):

Address:

Contact Number:

Home:

Work:

Mobile:

E-mail address:

Please provide a complete description of the specific complaint or grievance. The complaint should contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Use a separate sheet if more space is needed.

Signature:

Date:

This form shall be submitted to:

Director of Community Development/ADA Coordinator
2500 East Lake Avenue
Glenview, IL 60010

Email: jeffb@glenview.il.us

If you have questions about this form, need an accommodation, or a different format, please contact Jeff Brady, ADA Coordinator and Director of Community Development