



**Violations of the Americans with Disabilities Act  
Complaint Form**

This form must be submitted by an individual alleging discrimination under the ADA not later than 30 days after the occurrence of the alleged discrimination.

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

To: ADA Coordinator  
Village of Plainfield  
24401 W. Lockport Street  
Plainfield, IL 60544  
info@goplainfield.com

From: Complainant Name, Address, & Contact Number

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Persons Involved in Discrimination:

Name	Title, Address, & Phone Number
_____	_____
_____	_____
_____	_____

The date and location at which the discrimination took place:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Witnesses to the Discrimination:

Name	Title, Address, & Phone Number
_____	_____
_____	_____
_____	_____

A brief description of the discrimination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do hereby acknowledge that the above statement is true and correct.

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

\*You may submit additional evidence with this form.