

**ADA Grievance Form
City of Springfield, Illinois**

1. Date of Grievance: _____
2. Name of Person filing the Grievance: _____
3. Contact Information: Address _____ Phone _____
Email: _____
4. Date of alleged discrimination: _____
5. Please describe in detail what prevented you from being able to receive the benefits of the City of Springfield programs, services or activities. Include dates, locations, (addresses and parts of buildings), witnesses and any other details that will aid the City in the investigation of your grievance.

6. Have you discussed this matter with City staff? YES NO If yes, whom?

7. What would you like to see done to resolve the issue?

8. Signature _____ Date _____

If, because of your disability, you need assistance in completing this form please notify the City ADA Coordinator:

**ADA Coordinator
Juan Huerta, Director
Springfield Office of Community Relations
1450 Groth Street • Springfield, IL 62703
(217) 789-2270 (Office) • (217) 789-2268 (Fax) • (217) 391-1559 (TTY)
Email: Juan.Huerta@springfield.il.us
Office Email: community.relations@springfield.il.us
Day/Hours Available: Monday –Friday, 8:00 AM – 4:30 PM**