

THE CITY OF LAKE FOREST

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.)

TO: DeSha D. Kalmar, ADA Coordinator DATE: _____
The City of Lake Forest
800 N. Field Drive
Lake Forest, IL 60045

FROM: (Complainant's Name and Address and Telephone Number)

1. Persons involved in discrimination:

<u>Name</u>	<u>Title or Address & Phone No.</u>
_____	_____
_____	_____
_____	_____

2. The date and location at which the discrimination took place:

3. Witnesses to the discrimination:

<u>Name</u>	<u>Title or Address & Phone No.</u>
_____	_____
_____	_____

4. A brief description of the discrimination:

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

Complainant

*You may submit additional evidence with this form.