

**ADA Coordinator**

ADA Coordinator  
4250 Highway 162  
Granite City, IL 62040

**Access Complaint Form**

This form is intended to inform the Township's ADA coordinator of accessibility discrepancies within the Township's jurisdiction. It will allow for an evaluation of the situation and promote a possible solution to the problem. The Township's ADA Coordinator will contact the person filing the complaint to discuss the issue once it has been evaluated.

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

**Person Filing Complaint:**

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

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Facility Complaint:**

Address of Accessibility Barrier: \_\_\_\_\_

Facility (i.e. Public Right of Way/Building/Park): \_\_\_\_\_

Describe Location of Barrier in Detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_