



**Americans With Disabilities Act (ADA)
Accessibility Complaint Form – Title II**

To submit an accessibility concern or complaint to **City of Des Plaines**, please complete this form, and mail or email to:

**City of Des Plaines
Human Resources Department
Attn: ADA Coordinator
1420 Miner St
Des Plaines, IL 60016
hr@desplaines.org**

If you need assistance with this form, please contact the City's ADA Coordinator directly at 847-391-5486. Complaints and requests can also be submitted through the City's DP311 system at www.desplaines.org/DP311.

SECTION I

Complainant Name (or Third Party):	Address:	Apt. #:
City:	State:	Zip:
Phone #:	E-mail Address:	

SECTION II

Location of the accessibility issue (Please include city, roadway name, intersection (if applicable), facility name and/or location if other than a roadway, i.e. rest area, pedestrian bridge, etc.):

Please describe in detail the nature of the complaint (include all parties that were involved): **Use additional page(s) if required and attach any documents you believe support your complaint.**

SECTION III

Has this complaint been filed with another private, federal, state, local agency, or legal entity? Yes No
If yes, please provide details below: