

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.)

DATE:_____

TO: DeSha D. Kalmar, ADA Coordinator

**The City of Lake Forest
220 E. Deerpath
Lake Forest, IL 60045**

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

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1. Persons involved in discrimination:

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

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

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3. Witnesses to the discrimination:

<u>No.</u>	<u>Name</u>	<u>Title or Address & Phone</u>
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4. A brief description of the discrimination:

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

Complainant

***You may submit additional evidence with this form.**

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