



OFFICE USE ONLY
DATE COMPLAINT OPENED: _____
DATE COMPLAINT CLOSED: _____

## VILLAGE OF LIBERTYVILLE, ILLINOIS TITLE II ADA GRIEVANCE FORM

The Village of Libertyville ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered, its recipients, sub-recipients, and contractors. To request an accommodation and/or an alternate format or language, please contact Ashley Engemann, ADA/504 Coordinator, at 847-918-2108.

**Instructions: Please complete and sign the form and email or mail it to the Village within 60 calendar days of any incident to:**

**ADA/504 Coordinator - Ashley Engemann**

Physical address:

Ashley Engemann, ADA/504 Coordinator  
Deputy Village Administrator  
118 W Cook Avenue  
Libertyville, IL 60048

Phone: 847-918-2108      TTY: 711  
Email: aengemann@libertyville.com

**Please provide as much information about the grievance as possible. The grievant is not required to answer all questions, however, the Village may require additional information in order to respond to the grievance.**

**1. Type of Grievance (check all that apply):**

- Accommodation Request
  - Program/Service
  - Facility Accessibility
  - Other (if other, please explain): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## CONTACT INFORMATION

### 2. Reporting Individual:

Full Name:	
Address:	
Village, State, Zip code:	
Phone:	Alternate Phone:
Email:	

### 3. Authorized Representative of Reporting Individual (if any):

Full Name:	
Address:	
Village, State, Zip code:	
Phone:	Alternate Phone:
Email:	

## DETAILS OF COMPLAINT / INCIDENT

4. Date/Time of Incident: \_\_\_\_\_

5. Department/Facility/Location Involved:

6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:

**7. Have attempts been made to resolve the complaint through a Village Department?**

**If yes, please describe the efforts that have been made.**

**8. Remedy Sought. What action do you want taken?**

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Signature

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Date

Attach additional pages as necessary. If you need assistance, require an accessible format or language, or have questions about this form, please contact the Village's ADA/504 Coordinator at:

Physical address:

Ashley Engelman, ADA/504 Coordinator  
Deputy Village Administrator  
118 W Cook Avenue  
Libertyville, IL 60048

Phone: 847-918-2108      TTY: 711  
Email: aengelmann@libertyville.com