

**City of Taylorville, Illinois  
Grievance Form  
Complaint of Access Violation or Discrimination  
on the Basis of Disability**

*The City will make every reasonable effort to ensure that confidentiality is maintained throughout the complaint and investigation process, to the extent consistent with the law, adequate investigation, and appropriate corrective action. This means that the City will share any sensitive information you provide here only on a need-to-know basis.*

<b>Name</b>	
<b>Address</b>	
<b>Telephone</b>	

1. Please describe the City of Taylorville's alleged violation of access requirements, or discriminatory action, in enough detail so that the nature of your grievance can be clearly understood. Add additional pages if necessary:

2. Please give the date(s), time(s), and location(s) of the incident(s) or observation(s) you are reporting:

3. If the incident involves a City of Taylorville employee(s) please provide his or her name(s), if known:

4. If the grievance involves physical access to a City of Taylorville public facility, land, or right-of-way, please provide the specific address(s) of those locations, if known:

5. Please give the name(s) and address(es), if known, of any witnesses to the access violation or alleged discrimination:

6. If this complaint is filed on behalf of a second person, or on behalf of a group of people, please provide the names and addresses of all the grievants, if possible:

7. What action do you want taken to correct the alleged access violation or discrimination?

8. Is there any other information you want the City to know concerning your grievance?

Signature:

Date:

Signature of (check one):

Observer of alleged access violation

Victim of alleged discrimination

Authorized representative

Submit this form to the attention of the City HR Manager/Loss Control-ADA Coordinator. City Hall, 115 N. Main Street, Taylorville, Illinois. 62568





