



ADA Complaint/Grievance Form City of Flora, Illinois

Complainant: _____

Person Preparing Complaint (if different from Complainant): _____

Telephone No: _____

Relationship to Complainant (if different from Complainant): _____

Street Address & Apt. No.: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Please provide a complete description of the specific complaint or grievance: (include date for referenced complaint)

Please specify any location(s) related to the complaint of grievance (if applicable):

Please state what you think should be done to resolve the complaint or grievance:

Please attach additional pages as needed.

I certify that the above statement is accurate and filled out to the best of my ability and knowledge.

Print Name: _____

Signature: _____ Date: _____

Return to: City Clerk, Rebekah S. Burgess
Flora City Hall
PO Box 249, 131 E. 2nd St.
Flora IL 62839

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact Flora City Hall at (618) 662-8313 for assistance.