

ADA Accessibility Complaint Form

Complete & return form to the Cook County Dept. of Trans. & Highways ADA Coordinator:

69 W. Washington St., Suite 2300, Chicago, IL 60660

Or scan and email to: ADA.Coordinator@cookcountyil.gov

Information can also be taken via telephone or personal interview upon request.

Note that this form pertains to Cook County public right-of-way only, including roadways and bridges. Complaints pertaining to discrimination due to other means will be forwarded to the pertinent Departments. Not all public locations are Cook County facilities. If applicable, complaints will be directed to the appropriate jurisdictional entity. Use the back of this sheet or additional pages as needed.

<p>Describe the date/time & location of the incident, issue, or condition. Be as detailed as possible and provide specific information regarding location (city, street, side of road, bridge, intersection, facility, orientation, etc.).</p>
<p>Describe in detail the nature of the complaint (include all parties involved). Attach additional pages, photos, documents if necessary.</p>
<p>If this has been filed with another private, federal, state, local agency, or legal entity. Provide details here:</p>

Contact information:

We may contact you to clarify your comments or provide additional assistance.

First Name:		Last Name:	
Facility/Organization:			
Address:			
City:			
State:		Zip:	
Phone Number:			
Email:			

Signature		Date	
DoTH USE ONLY	Date Received		