

State of Illinois
Department of Children and Family Services

AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

It is the policy of the Department of Children and Family Services to provide assistance in filling out this form. If assistance is needed, please ask:

DCFS ADA Officer
1921 South Indiana
Chicago, IL 60616
(312) 808-5000
DCFS.OfficeofAffirmativeAction@illinois.gov

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone No. _____

Program, Service, or Activity to which Access was Denied or in which Alleged Discrimination occurred: _____

Date of Alleged Discrimination: _____

Nature of Alleged Discrimination: _____

(Attach additional sheets, if necessary. If the grievance is based on a denial of requested reasonable modification, please fill out the back of this form.)

I certify that I am qualified or otherwise eligible to participate in the program, service or activity and the above statements are true to the best of my knowledge and belief.

Signature

Date

Please give to the ADA Officer at the address listed above.

For Office Use Only	
Date Received: _____	By: _____

AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM: PART II
Reasonable Modifications Request

Please fill out this part of the form if this grievance is based upon the denial of a requested reasonable modification. A reasonable modification will be made to make programs, services and activities accessible. Reasonable modifications could include such things as providing auxiliary aids and devices and changing some policies and requirements to allow an individual with a disability to participate. This portion of the form should be filled in to the extent you know the answers. The form may be submitted even if this portion is incomplete.

Reasonable modification requested: _____

The date the reasonable modification was requested: _____

The person to whom the request was made: _____

The reason for denial: _____

Estimated cost of modification (if an assistive device, such as a TDD or optical reader, or commodity or service to which a cost is readily known): _____

Why is the requested modification necessary to use or participate in the program, service or activity? _____

Alternative modifications which may provide accessibility: _____

Any other information you believe will aid in a fair resolution of this grievance. _____

