



## VILLAGE OF ORLAND PARK GRIEVANCE FORM

Please fill out this form completely. Please note that this ADA notification procedure is for facilities, services, and programs owned and/or operated by the Village of Orland Park.

Name (complainant):

Address:

Contact Numbers:

Home:

Work:

Mobile:

E-mail address:

Reason for grievance/complaint, or why you feel you have been discriminated against. The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Use a separate sheet if more space is needed.

State if you require an alternative for any written follow-up communications:

Signature:

Date:

This form shall be submitted to:

Khurshid Hoda, ADA Coordinator  
14700 South Ravinia Avenue  
Orland Park, IL 60462  
Phone: (708) 403-6128

Email: [khoda@orlandpark.org](mailto:khoda@orlandpark.org)

If you have questions about this form, need an accommodation, or a different format, please contact Khurshid Hoda, ADA Coordinator.