

APPENDIX F | RIGHT-OF-WAY ACCESSIBILITY COMPLAINT FORM



RIGHT-OF-WAY ACCESSIBILITY COMPLAINT FORM

City of Joliet
Department of Public Works
Attn: ADA Coordinator
150 W. Jefferson Street
Joliet, IL 60432
Email: publicworks@joliet.gov

Office Use Only:

Date Received: _____

Date Issued: _____

PLEASE COMPLETE THE ENTIRE FORM AND PRINT LEGIBLY. Incomplete forms will be returned. To submit an accessibility concern or complaint to **City of Joliet**, please complete this form, and mail or email to the Department of Public Works.

If you need assistance with this form, please contact the City's ADA Coordinator directly at 815-724-4200 or via the CitizenVUE Online Website Portal: <https://www.joliet.gov/our-city/i-want-to/report-3101>.

CONTACT INFORMATION

Contact Name: _____ Mailing
Address: _____ City:
_____ State: _____ Zip Code: _____ Phone Number:
_____ E-mail Address: _____

SPECIFIC COMPLAINT INFORMATION

Location of the Accessibility Issue (*Please include city, roadway name, intersection (if applicable), facility name and/or location if other than a roadway, i.e. rest area, pedestrian bridge, etc.*):

Please describe in detail the nature of the complaint (include all parties that were involved):

Use additional page(s) if required and attach any documents you believe support your complaint.

ADDITIONAL INFORMATION

Has this complaint been filed with another private, federal, state, local agency, or legal entity?

Yes _____ No _____

If yes, please provide details below:
