



AMERICANS WITH DISABILITIES ACT APPEAL FORM FOR ILLINOIS ARDC

If the response to your grievance does not resolve your issue and you believe the ARDC has violated the ARDC Policy on Access for People with Disabilities (Policy), the Americans with Disabilities Act (ADA), or the Illinois Human Rights Act (IHRA), you can **appeal** the grievance decision. This appeal may be filed at any time, but the ARDC may move forward with your case or matter if you do not submit your appeal within fifteen (15) business days after you receive the grievance decision.

1. Who are you?

Name of person appealing: _____
First and Last Name

ARDC case number (if known): _____

Role before ARDC:

- Complainant
- Respondent
- Witness
- Lawyer for Complainant, Respondent, or Witness
- Companion (support worker, care or assistance provider, family member)
- Other: _____

Contact person (if different from above): _____
First and Last Name

Address: _____
Street Address, Apt. #, City, State, Zip Code

Phone number: _____ Email address: _____

Best way to reach you?

- Phone call
- Text message
- Email
- Other: _____

2. What happened?

Describe below how the grievance decision violates the Policy, the ADA or the IHRA. You may also attach a copy of the accommodation request form, accommodation request denial, grievance decision, and/or other supporting documentation.

3. When?

Date of grievance decision (if known): _____

4. Next steps

Please submit this form by email to DisabilityCoordinator@iadc.org or by mail to:

Lea S. Gutierrez
ARDC Administrator
130 E. Randolph St., Ste. 1500
Chicago, IL 60601-6219
Phone: 312-565-2600