



# AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM FOR ILLINOIS ARDC

You have the right to file a grievance. A **grievance** is a formal complaint that you were not given the accommodations you needed under the ARDC Policy on Access for People with Disabilities (Policy), the Americans with Disabilities Act (ADA), or the Illinois Human Rights Act (IHRA). This grievance may be filed at any time, but the ARDC may move forward with any related case or matter if you do not submit your grievance within fifteen (15) business days after you become aware of the alleged violation.

## 1. Who are you?

Name of person with the grievance: \_\_\_\_\_  
*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?

A. I asked for (*check the box for any accommodations you requested. If you requested*

*“something else” list additional information about the request):*

- Qualified sign language interpreter
- Communication Access Real Time Transcription (CART captions)/Assistive Listening Device (ALD)
- Help completing documents
- Extended time
- Change to location of ARDC activity
- Access for my service animal (dog or miniature horse)
- Documents in large print/Braille
- Something else. Describe the accommodation you requested or additional information you provided:

### 3. When & where were you not given the accommodation you requested?

Date(s) denial of accommodation occurred (if known): \_\_\_\_\_

Location where the denial occurred, and any other information you know about the denial or failure to respond to the request:

### 4. Next steps

Please submit this grievance request to the ARDC’s disability coordinator by email to [DisabilityCoordinator@iardc.org](mailto:DisabilityCoordinator@iardc.org) or by mail to:

Althea K. Welsh  
ARDC Disability Coordinator  
130 E. Randolph St., Ste. 1500  
Chicago, IL 60601-6219  
Phone: 312-565-2600

#### **OFFICE USE ONLY**

Grievance for Accommodation: \_\_\_\_\_

Original denial stands  Hadn’t previously decided, will decide now  Accommodation granted

Requestor notified on: \_\_\_\_\_ Via: \_\_\_\_\_

Comments: