

To submit an accessibility concern or complaint to the Kane County Division of Transportation,
Please print and complete this form, sign and mail to:

Kane County Division of Transportation
Attn: ADA Coordinator
41W011 Burlington Road
St. Charles, IL 60175

Or e-mail form as an attachment to kdotada@co.kane.il.us

SECTION I

Complainant Name (or Third Party):

Address:

City:

State:

Zip:

Phone #:

E-Mail Address:

SECTION I

When did the discrimination incident occur? Date(s):

Place where the discrimination occurred (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.**

Has this complaint been filed with another private, federal, state, local agency, or legal entity? Yes No
If yes, please provide details below:

Complainant's Signature _____ Date: _____