



CITY OF MACOMB ADA
COMPLAINT FORM

DATE

NAME

PHONE #

STREET ADDRESS

CITY

STATE

ZIP

Description of complaint

Action requested to Resolve the Complaint:

Please state how you believe the complaint should be resolved.

Return completed form to: City Administrator, City Hall, 232 E Jackson, PO Box 377, Macomb, Illinois 61455.

FOR INTERNAL USE ONLY

Received By: _____ Date Received: _____