

**REQUEST FOR REVIEW OF DEPARTMENT
ADA COMPLAINT DECISION**

Name:

Mailing Address:

Telephone (work) (msg.)__

State Department/Agency complaint is with:

**Detailed Statement of the Reason(s) for Your Request for Review of
the Decision Regarding Your Complaint:**

***NOTE: You MUST include a copy of your original complaint, as well
as documentation of the results of your meetings with the
department/agency coordinator, in order for this appeal to be
considered by Michigan Department of Civil Rights.***

Your Signature or Signature of Your Representative