Urbana Park District

Complaint Form

AMERICANS WITH DISABILITIES ACT

Complainant Contact

Full Name (Please Print) _____ **Date** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone (_____)_____-_____ **Email** _____

Alternate Contact

Full Name (Please Print) _____ **Date** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone (_____)_____-_____ **Email** _____

- ☐ Anita Purves Nature Center
- ☐ Brookens Gymnasium
- ☐ Darius E. Phebus Administration Building
- ☐ Lake House
- ☐ Phillips Recreation Center
- ☐ CLP Family Aquatic Center
- ☐ Planning and Operations Facility
- ☐ Urbana Indoor Aquatic Center
- ☐ Other: (Please List)

Date of Incident	**Incident or Barrier**

Please describe the particular way in which you believe you have been denied any service, program, or recreation activity, or have otherwise been discriminated against because of, or related to, a disability. Please specify dates, times of incidents, and names or positions of district employees involved. Please provide names, addresses, and telephone numbers of any witnesses. Please attach additional pages if necessary.

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IF YOU NEED HELP COMPLETING THIS FORM, CONTACT THE URBANA PARK DISTRICT'S ADA COORDINATOR. PLEASE RETURN COMPLETED FORM TO: ADA Coordinator, 1311 W. Church Street, Champaign, IL 61820, (217) 239-1152