Improvement Form

AMERICANS WITH DISABILITIES ACT

Contact Information:
Full Name (Please Print Legibly) ________________________________________________________
Address __________________________________________ City __________________ State ______ Zip ______
Phone (_____)(__________________________) Email ___________________________________________

Location:
__ Anita Purves Nature Center  __ Darius E. Phebus Administration Building  __ Planning and Operations Facility
__ Brookens Gymnasium    __ Lake House  __ Urbana Indoor Aquatic Center
__ Crystal Lake Park Family Aquatic Center  __ Phillips Recreation Center  __ Park (Please list): ________________
__ Other (Please list): __________________________________________

Program/Event:
__ Private Rental    __ Personal Visit  __ Non-UPD Event (Please list): __________________________
__ UPD Program (Please list): __________________________
__ UPD Event (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 Coordinators.
For more information, or for the ADA Coordinators’ direct contact information, please visit
www.urbanaparks.org/about-us/ada-policies-and-procedures
Please return completed form to: info@urbanaparks.org or ADA Coordinators
303 W. University Ave.
Urbana, IL 61801