



Complaint 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): _____

<u>Date of Incident:</u>	<u>Incident or Barrier:</u>
<p>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.</p>	
<p><i>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</i></p> <p><i>Please return completed form to: info@urbanaparks.org or ADA Coordinators</i></p> <p style="text-align: right;"><i>303 W. University Ave. Urbana, IL 61801</i></p>	