



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): _____

<u>Date of Incident:</u>	<u>Incident or Barrier:</u>
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.	
_____ _____ _____ _____	
<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</i>	
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	