



# 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  
 Health and Wellness Center     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): \_\_\_\_\_

<b><u>Date of Incident:</u></b>	<b><u>Incident or Barrier:</u></b>
<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 <a href="http://www.urbanaparks.org/about-us/ada-policies-and-procedures">www.urbanaparks.org/about-us/ada-policies-and-procedures</a></i></p> <p><i>Please return completed form to: <a href="mailto:info@urbanaparks.org">info@urbanaparks.org</a> or ADA Coordinators 303 W. University Ave. Urbana, IL 61801</i></p>	