

**Chicago Park District
ADA Complaint Form for Patrons and Visitors**

Date of Visit: _____

Person Completing Form (*circle one*):

Complainant

Authorized Representative

Name: _____

Phone #: (____) _____

E-Mail: _____

Mailing Address: _____

Alleged Violations

Describe the circumstances and the specific location, i.e. park name/location that prompted your specific ADA complaint. Please be specific and provide details. (Attach additional pages if necessary.)

Requested Action

Please describe the accommodation or request that would help to provide you with greater access to our facilities, programs or services.

Signature

Date

