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 ___________