



## ACCESSIBILITY COMPLAINT FORM

### Person Completing form (check one)

Complainant ☐

Authorized Representative ☐

Full Name

Phone

Email

Mailing  
Address

**Alleged Violations:** Describe the circumstances and the specific location, which prompted your specific ADA complaint. Please be specific and provide details (attach additional pages if necessary).

**Requested Action:** Please describe the accommodations or request that would help to provide you with greater access to our services, programs, or activities.

Please click below to submit this form or mail to address below for any questions, concerns or input regarding access to programs, facilities, and services for Americans with Disabilities or the Elmhurst Park District's ADA Audit and Transition Plan. Thank you for your submission.

To submit electronically,  
email completed form  
to [ksolberg@epd.org](mailto:ksolberg@epd.org).

ADA Compliance Officer  
Elmhurst Park District  
375 W. First Street  
Elmhurst, IL 60126

(630) 993-8915