

Elmhurst Park District Accessibility Complaint Form

Person Completing form (check one)

Complainant

Authorized Representative

Name: _____

Telephone #: _____

E-Mail: _____

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 submit this form or any questions, concerns, or input regarding access to programs, facilities, and services for Americans with Disabilities or the District's ADA Audit and Transition Plan to:

ADA Compliance Officer
Elmhurst Park District
375 West First Street
Elmhurst, IL 60126
(630) 993-8915
(630) 993-8913 (fax)

To submit this form electronically, save it to your computer then e-mail the form to aferrentino@epd.org.