



**Mt. Prospect Park District  
ADA Complaint/Grievance Form**

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

*(By the complainant or by someone authorized to do so on his/her behalf)*

Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ASSISTANCE IN FILING - IF AN INDIVIDUAL'S DISABILITY IMPEDES HIS/HER COMPLETION OF THE FORM, PLEASE NOTIFY THE ADA COMPLIANCE COORDINATOR, SO THAT APPROPRIATE ASSISTANCE CAN BE PROVIDED.

Appealed: \_\_\_\_\_