



**Mt. Prospect Park District
ADA Complaint/Grievance
Request for Appeal of Decision**

Date of Request: _____

Received by: _____

Complainant's Name: _____

Address: _____ Phone: _____

Nature of Request for Appeal:

Signature: _____

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

Action taken by Executive Director:

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: _____