

ADA Complaint Form

Park District of Oak Park

218 Madison St.

Oak Park, IL 60302

bill.hamilton@pdop.org | (708) 725-2050

Section I

Name* _____

Address _____

Telephone (Home/Cell) _____

Telephone (Work) _____

Email* _____

Do you require an accessible format? Select one if so.

☐ Large Print

☐ TTY/TDD

☐ Audio Tape

☐ Other

Section II

Are you filing this complaint on your own behalf? Yes No

If you answered 'yes' to this question, go to Section III. If not, please supply the name and relationship of the person for whom you are filing.

Name _____

Relationship _____

Have you obtained permission from this person? _____

Section III

If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination.

Date of alleged discrimination _____

Time of alleged discrimination _____

Location _____

Name of Employee(s) involved _____

Explain as clearly as possible what happened and why you believe you were discriminated against.

Section IV

Have you ever filed an ADA complaint with PDOP? _____

Contact name _____

Telephone number _____

Section IV

Have you filed this complain with any other federal, state, or local agency, or with any other federal or state court? Yes No

If yes, please check all that apply.

☐ Federal Agency: _____

☐ State Agency: _____

☐ Local Agency: _____

☐ Federal Court: _____

☐ State Court: _____

☐ Local Court: _____

Please provide contact information for the person you spoke to at the above agency.

Name _____

Relationship _____

Have you obtained permission from this person? _____

Please submit this form in person or by mail to:

Park District of Oak Park

Attn: ADA Coordinator

218 Madison St.

Oak Park, IL 60302

If you need assistance completing this form, contact Bill Hamilton, ADA Coordinator at (708) 725-2052 or email bill.hamilton@pdop.org.