



Complaint Procedure and Form

Plainfield 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 accommodation or request that would help to provide you with greater access to our services, programs, or activities.

