



## Title II Americans with Disabilities Act (ADA) Complaint Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Please fill out completely, sign, date and return to:

Kraig Owens  
Director of Parks & Planning  
4374 Old Grand Ave.  
Gurnee, IL 60031  
(847) 599-3763

Or fax to: (847) 623-8121

Or email: [kowens@gurneeparkdistrict.com](mailto:kowens@gurneeparkdistrict.com)

**If you need assistance completing this form or require a different format or other accommodation, please contact the Parks office at (847) 599-3763 or email [kowens@gurneeparkdistrict.com](mailto:kowens@gurneeparkdistrict.com)**

**My complaint is: (Please be specific and provide as much information as possible, including the date, time, location and names of people who were present.)**

**This is what I think should be done:**

**Your signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please allow up to 30 days for us to investigate and respond to your complaint.**

**Note: Please fill out the form completely, sign, date and return via one of the options shown above.**