

Americans With Disabilities Act Grievance Form

It is the policy of Niles Public Library District to provide assistance in filling out this form.

If assistance is needed, please ask:

ADA Coordinator - Niles Public Library District Administrator
Niles Public Library District
6960 Oakton Street
Niles, Illinois 60714

Name: _____

Address: _____

City, State, and Zip Code: _____

Program, Service, or Activity to which Access was Denied or in which Alleged Discrimination occurred:

Date _____ of _____ Alleged _____ Discrimination:

Nature _____ of _____ Alleged _____ Discrimination:

(Attach additional sheets, if necessary. If the grievance is based on a denial of requested reasonable modification, please fill out the back of this form.)

I certify that I am qualified or otherwise eligible to participate in the program, service or activity and the above statements are true to the best of my knowledge and belief.

Signature

Date

Please give to the ADA Coordinator at the address listed above.

For Office Use Only

Date Received: _____ By: _____

(Back of Form)

Please fill out this part of the form if this grievance is based upon the denial of a requested reasonable modification. A reasonable modification will be made to make programs, services, and activities accessible. Reasonable modifications could include such things as providing auxiliary aides and devices and changing some policies and requirements to allow an individual with a disability to participate. This portion of the form should be filled in to the extent you know the answers. The form may be submitted even if this portion is incomplete.

Reasonable modification requested:

The date the reasonable modification was requested:

The person to whom the request was made:

The reason for denial:

Estimated cost of modification (If an assistive device, such as a TDD or optical reader, or commodity or service to which a cost is readily known):

Why is the requested modification necessary to use or participate in the program, service, or activity?

Alternative modifications which may provide accessibility:

Any other information you believe will aid in a fair resolution of this grievance.