



Park District of Oak Park

Title II Americans with Disabilities Act (ADA) Complaint Form

Name: _____ Date: _____

Address: _____ Telephone: _____

Email: _____

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

Paula Bickel
Human Resources Director
218 Madison Street
Oak Park, IL 60304
(708) 725-2028

Or fax to: (708) 383-5702

Or email: paula.bickel@pdop.org

If you need assistance completing this form or require a different format or other accommodation, please contact the Human Resources office at (708) 725-2028 or email paula.bickel@pdop.org.

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.

