

Joliet Public Library

ADA GRIEVANCE FORM

COMPLAINT OF ACCESS VIOLATION, DISCRIMINATION ON THE BASIS OF DISABILITY OR OTHER ADA VIOLATION

The Joliet Public Library will make every reasonable effort to ensure that confidentiality is maintained throughout the complaint and investigation process, to the extent consistent with the law. This means that the Library will share any sensitive information you provide here only on a need-to-know basis, unless otherwise required by law. Please return complete form to the ADA Compliance Officer at the Main Library. The ADA Compliance Officer may be contacted via telephone number at: 815-740-2669 or via email at: ada@jolietlibrary.org.

Date: _____

Individual identifying access violation or discrimination

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Authorized representative of individual above (if any)

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

1. Please describe the Joliet Public Library alleged violation of access requirements, or discriminatory action, in enough detail so that the nature of your grievance can be clearly understood.

2. Please give the date(s), time(s) and location(s) of the incident(s) or observation(s) you are reporting:

3. If the incident involves a Joliet Public Library employee(s) please provide his or her description and name(s), if known:

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4. If the grievance involves physical access to a Joliet Public Library public facility, land, or right-of-way, please provide the description and specific address(es) of those locations, if known:

5. Please give the name(s) and address(es), if known, of any witnesses to the access violation or alleged discrimination:

6. If this complaint is filed on behalf of another person, or on behalf of a group of persons, please provide the names and addresses of all of such persons, if possible:

7. What action do you suggest should be taken to correct the alleged access violation or discrimination?

8. Is there any other information you want the Library to know concerning your grievance?

Signature: _____ Date: _____

Signature of (check one):

- Observer of access violation
- Victim of access violation
- Victim of discrimination

- Observer of discrimination
- Authorized representative

Received From: _____ Date: _____