

APPENDIX A: GRIEVANCE FORM

GRIEVANCE DISCRIMINATION BASED ON DISABILITY

It is the policy of the Gail Borden Public Library District to provide assistance in filling out this form. If assistance is needed, please ask:

ADA Coordinator - Library Director
Gail Borden Public Library District
200 North Grove Avenue
Elgin, Illinois 60120

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

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: _____

Denial of Reasonable Modification

Please fill out this part of the form if the 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 the extent you know the answers. The form may be submitted even if this portion is incomplete.

Reasonable modification requested _____

Date the reasonable modification was requested: _____

Person to whom the request was made = - - - - -

Reason for denial:

Estimated cost of modification (If an assistive device, such as a TOO 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:
