

Americans With Disabilities Act Grievance Form

*First Name:	
* Last Name:	
Email Address:	
Phone number:	
* Street Address:	
* Address Line 2:	
* City, State:	
*Zip Code:	

*Required

Indicate the primary area of concern:

- ☐ Physical/Facilities Access: did you encounter a physical barrier to access at the library?
E.g. counter is too high for wheelchair access
- ☐ Program, service, or activity: was there a library program or service that you allege did not provide an equally effective opportunity for persons with disabilities to participate in or benefit from?

- ☐ Communication access: was there a difficulty in communication due to a need for, for example, a sign language interpreter, or a material in a different format?

When did the alleged discrimination occur? (Date and approximate time)

Date (DD/MM/YY)

Time: (HH:MM AM/PM)

Please describe the alleged act(s) of discrimination:

For information about current library accessibility resources, please check the [library's website](http://lplks.org).