



Americans with Disabilities Act (ADA) Grievance Form

The Americans with Disabilities Act (ADA) ensures that all community members have access to library services, programs, and facilities. Please use this form to file a concern regarding ADA compliance.

Contact Information * Required

*First Name: _____

*Last Name: _____

Email Address: _____

Phone Number: _____

*Street Address: _____

Address Line 2: _____

*City, State, Zip Code: _____

Area of Concern

Please indicate the primary area of your concern:

- ☐ Physical Access: Did you encounter a physical barrier at the library, such as a counter height or doorway that was difficult to use?
- ☐ Programs or Services: Was there a library activity or service that did not provide an equal opportunity for you to participate or benefit?
- ☐ Communication: Was there a barrier to communication, such as a need for a sign language interpreter or materials in an alternative format?

Details of the Incident

Please provide the date, time, and description of the barrier or incident you encountered (include locations or specific programs if applicable).

Date:

Time:

Description:

Assistance and Submission

If you need assistance filling out or submitting this form, please visit us in person, call 785-843-3833, or email ada@lawrence.lib.ks.us.

We will respond to your inquiry as soon as possible, but no later than **15 days** after receiving it.

Mail completed forms to

Executive Director

Lawrence Public Library

707 Vermont St., Lawrence, KS 66044