

**ADA Grievance Procedure**

Under Title II of the Americans with Disabilities Act of 1990 (ADA), as amended, the Champaign Park District is required to meet minimum standards that allow individuals with disabilities access to its programs, activities, and services. To meet its obligations under Title II of the ADA, the Champaign Park District has established this Grievance Procedure to address allegations that the Champaign Park District has discriminated on the basis of disability in connection with its programs, activities, or services. This Grievance Procedure shall not apply to allegations involving workplace discrimination under Title I of the ADA. Employees of the Champaign Park District should report any allegations relating to their employment to the Human Resources department.

Attached is the ADA Grievance form for the Champaign Park District. Complainants may fill out the forms themselves, designate an authorized representative to do so on their behalf, or seek the Champaign Park District's assistance in completing the form. Complaints may be filed orally and will be placed in writing by the ADA Compliance Officer for the complainant's review and signature.

Complainants shall submit a form within 60 days of the alleged act of discrimination to ensure a timely and accurate review. Within 15 days, the ADA Compliance Officer will review the grievance and follow up with the complainant via email, phone, in person, or an alternative method requested by the complainant. A response will be issued to the complainant or their designee within 15 days of the preliminary review (30 days from the final filing).

Forms are available on the Champaign Park District website, at the Bresnan Meeting Center, and at the Hays Center. Forms may be emailed, mailed, or hand delivered to the ADA Compliance Officer. If an alternative means of filing a grievance is preferred, please contact the ADA Compliance Officer. Complainant files will be retained for a period of three years.

If a complaint is in relation to Champaign-Urbana Special Recreation (CUSR) programming, the complaint shall be directed to either the Champaign Park District or Urbana Park District. If the complaint is personnel related, the complaint will be processed by the agency under which the staff person is employed. If the complaint is environmental in nature, it will be processed by the agency where the program took place. These grievances may require coordination between the Compliance Officers at both the Champaign and Urbana Park Districts.

If an appeal to the response is requested, they must be filed within 15 days after receipt of the response. Appeals will be reviewed by the Executive Director and a final response, in writing or in a format accessible to the complainant, will be issued within 30 days.

**ADA Compliance Officer:**

Andrew Weiss  
Bresnan Meeting Center  
706 Kenwood Road  
Champaign, IL 61821  
217.819.3822  
andrew.weiss@champaignparks.org

**Executive Director:**

Joe DeLuce  
Bresnan Meeting Center  
706 Kenwood Road  
Champaign, IL 61821  
217.819.3821  
joe.deluce@champaignparks.org

**Director of Human Resources:**

Tammy Hoggatt  
Bresnan Meeting Center  
706 Kenwood Road  
Champaign, IL 61821  
217.819.3823  
tammy.hoggatt@champaignparks.org

**Complainant Information**

Person Completing Form (please choose one)	<input type="checkbox"/> Complainant
	<input type="checkbox"/> Authorized Representative

<b>Name</b>	<b>Date of Complaint</b>
<b>Email</b>	<b>Telephone Number</b>
<b>Mailing Address</b>	

**Alleged Violations**

<b>Date(s) Occurred</b>	<b>Location</b>
Please describe the details of the complaint (attach additional pages if necessary):	

**Requested Action**

Please describe what action or accommodation would improve access to the program, facility, park, or trail described in the complaint:

**Signatures**

Complainant	ADA Compliance Officer
Date	Date

**Respondent Information (to be completed by staff)**

Staff Name	Date of Response
Staff Title	Telephone Number
Facility Address	Email

**Complaint Response**

**Signatures**

Complainant	ADA Compliance Officer
Date	Date