



**Americans with Disabilities Act (ADA)  
Complaint Form/  
Request for Accommodation**

**Requestor Information**

Requestor:		
Address:		
City:	State:	Zip Code:
Day Phone:		Evening Phone:

**Basis of Request**

Date the incident took place:			
<input type="checkbox"/> Structural Accessibility	<input type="checkbox"/> Parking	<input type="checkbox"/> Programs, Services & Activities	<input type="checkbox"/> Other

**Library building that you believe does not meet ADA requirements:**

<input type="checkbox"/> Southwest	<input type="checkbox"/> Northside	<input type="checkbox"/> Simmons	<input type="checkbox"/> Uptown
<input type="checkbox"/> Bookmobile	<input type="checkbox"/> Administration	<input type="checkbox"/> Other	

**Please describe the situation that you believe does not meet ADA requirements:**

You may attach any written material, photographs or other documentation to this request. Use additional sheets if necessary.

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**Requestor's Signature**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Send completed form to:**  
Kenosha Public Library  
Head of Administrative Services  
812 56<sup>th</sup> Street  
Kenosha, WI 53140

**FOR KPL USE ONLY**

Date Request Received:	Received by:
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