



dc public library

check it out!

ADA ASSISTANCE FORM

(\*) Required Fields

Please fill out as much of this form as you can. If you need help, tell us, and we would be happy to provide it. If you don't know the answer to something, please leave it blank.

Your Name\*: \_\_\_\_\_

Your Address\*: \_\_\_\_\_

Your City\*: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Phone (day) \*: \_\_\_\_\_ Check if this is a TTY

Your Email: \_\_\_\_\_ Your Fax: \_\_\_\_\_

Are you a Veteran:  Yes  No

How do you prefer to be contacted (i.e. phone, e-mail) \*? \_\_\_\_\_

Please let us know which category best describes your issue\*:

- Architectural Access** - Please check here if the access problem is about a building -- for example, a wheelchair ramp is needed, accessible bathrooms are not available, or counters and phones are not at the correct height for wheelchair users.
- Programmatic Access** - Please check here if the access problem is about a service - for example, you cannot get a library service because of a disability, or you asked for a reasonable modification of a policy, practice or procedure in order to obtain DC Public Library services, but were denied one.
- Communication Access** - Please check here if the access problem involves communication - for example, you need an interpreter, materials in alternative formats, or other auxiliary aids and services in order to have equal access to a DC Public Library service or program.
- Employment** - Please check here if the problem relates to your employment or application with the DC Public Library - for example, you were denied a reasonable accommodation by your employer.



Which DC Public Library location does this complaint involve? \_\_\_\_\_

Please describe the problem you encountered:

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Please give us the date of the most recent problem: \_\_\_\_\_

Please give us the location of the problem: \_\_\_\_\_

Is there a change in policy or procedure you wish to see that would be helpful in solving this problem?

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Names and Positions of Staff Encountered (if known).

Name/Position: \_\_\_\_\_

Was there anyone else who had the same difficulty, or with whom you would want us to talk in order to get more information? \_\_\_\_\_

Names of Other Persons to Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please submit this form to:**

**Adaptive Services Division, Room 215, DC Public Library, 901 G St., NW, Washington, DC 20001**

**Email: [lbph.dcpl@dc.gov](mailto:lbph.dcpl@dc.gov) Fax to (202) 727-0322.**

Thank you for submitting this information. You will receive a response from the DC Public Library within 5 business days. If you do not, please contact us at (202) 727-2142, Videophone: (202)559-5368, TTY (202) 727-2255 or via email at [lbph.dcpl@dc.gov](mailto:lbph.dcpl@dc.gov).