

COMPLAINT FORM ADA COMPLIANCE

The CITY OF PLEASANTVILLE is committed to ensuring that no person is denied access to services, programs, or activities on the basis of their disabilities, as provided by Title II of the Americans with Disabilities Act of 1990 (ADA). ADA complaints must be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complains. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact this office at 609-484-3623.

Complainant: _____

Phone: _____

Address: _____

City, State, Zip Code: _____

Date of Incident: _____

Person Preparing Complaint (if different from Complainant):

Street Address, City, State, Zip Code

Please describe the alleged discriminatory incident, including the location(s), if applicable. Provide the names and titles of the employees involved, if available

Description of incident continued:

Have you filed a complaint with any other federal, state, or local agencies? Yes/No (circle one)
If so, list agency/agencies and contact information below:

Agency Contact Name:

Street address, City, State, Zip Code, Phone

I affirm that I have read the above charge and that it is true to the best of my knowledge and belief.

Complainant's Signature

Date

Print or Type Name of Complainant

Date Received: _____

Received by: _____