

Town of Waterford  
Title II of the Americans with Disabilities Act  
Discrimination Complaint Form

Instructions: Please fill out this form completely, in ink or type. Sign and return to:

Sally Ritchie, ADA Coordinator  
15 Rope Ferry Road  
Waterford, CT 06385

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Complainant Contact Information:

Name:

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Address:

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City, State and Zip  
Code:

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Telephone Numbers with area code:

Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Person Discriminated Against (if other than the  
complainant):

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Address:

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City, State, and Zip  
Code:

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Telephone Numbers with area code:

Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Government, or organization, or institution which you believe has discriminated:

Name:

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Address:

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number with area code:

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When did the discrimination occur?

Date:

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Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary):

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Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: what is the status of the grievance?

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Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:

Agency or  
Court:

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Contact  
Person:

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Address:

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City, State, and Zip

Code:

Telephone  
Number:

Date  
Filed:

Do you intend to file with another agency or court?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Agency or  
Court:

Address:

City, State and Zip  
Code:

Telephone  
Number:

Additional space for answers:

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Signature: \_\_\_\_\_

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