

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 it, sign it, and return it to the address listed below. If you need to submit this information in an alternate format, please contact the ADA coordinator listed below.

Dani Gorman, ADA Coordinator
15 Rope Ferry Road
Waterford, CT 06385

Complainant Contact Information:

Name: _____

Address:

City, State and Zip

Code:

Telephone Numbers with area code:

Home: _____ Business: _____ Cell Phone: _____

Person Discriminated Against (if other than the complainant):

Address:

City, State, and Zip

Code:

Telephone Numbers with area code:

Home: _____ Business: _____ Cell Phone: _____

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City

State

Zip Code

Telephone Number with area code:

When did the discrimination occur?

Date:

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

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?

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:

Contact
Person:

Address:

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:

Signature: _____

Date: _____