

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:

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

Name:

Address:

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: _____