

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.

Lisa L. Cappuccio, 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):

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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:

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Telephone  
Number:

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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: \_\_\_\_\_