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?

________________________________________________________________________

________________________________________________________________________

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: ________________________________