

MIDDLESEX TOWNSHIP

AMERICANS WITH DISABILITIES ACT (ADA) TITLE II GRIEVANCE FORM

Grievant Information

Grievant Name: _____ Home Phone
(include area code): _____

Address: _____ Business Phone
(include area code): _____

Mobile Phone
(include area code): _____

Alternative Contact Person (other than Grievant)

Name: _____ Home Phone
(include area code): _____

Address: _____ Business Phone
(include area code): _____

Relationship
To Client: _____

Township Service, Program or Facility Allegedly in Violation

Date and Location of Alleged Violation (dd/mm/yyyy)

Description of Alleged Violation and Requested Remedy

Has a complaint been filed with the Department of Justice or other government agency?

Yes No

If You Answered "Yes" to the Previous Question, Complete the Following

Agency or Court: _____ Contact Person: _____

Address: _____ Phone
(include area code): _____

Date Filed: _____

Other Comments

Signature: _____ Date: _____