Americans with Disabilities Act Complaint Form

City of Paterson is committed to ensuring that no person is denied access to its services, programs, or activities on the basis of their disabilities, as provided by title II of the Americans with Disabilities Act of 1990 (“ADA”). ADA complaints must be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact the City of Paterson Senior Services & Transportation at 973-653-5932.

Complainant:
Phone:
Street Address:
City, State, Zip Code
Alt Phone:
Person Preparing Complaint (if different from Complainant):
Street Address, City, State, Zip Code
Date of Incident: _________________________

Please describe the alleged discriminatory incident, including the location(s), if applicable. Provide the names and titles of “Agency Name” employees involved, if available

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Description of incident continued:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Have you filed a complaint with any other federal, state, or local agencies? Yes/No (Circle One). If so, list agency/agencies and contact information below:
______________________________________________________________________________
Agency Contact Name: ____________________________________________________________

Street Address, City, State, Zip Code Phone: ______________________________________

Agency Contact Name: ____________________________________________________________

I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

__________________________________________________________________________________

Complainant’s Signature ______________________ Date ______________________

Print or Type Name of Complainant

Date Received: ______________________

Received By: ______________________