TOWNSHIP OF WASHINGTON
Americans with Disabilities Act (ADA) Title II
Complaint Form

Complainant Name:

Person Preparing Complaint (if different than Complainant):

Relationship to Complainant (if different than Complainant):

Street Address, City, State, Zip Code:

Phone Number: Mobile Phone Number:

Email Address:

Name of Person Discriminated Against (if different than Complainant):

Street Address, City, State, Zip Code:

Phone Number: Mobile Phone Number:

Email Address:

Describe the basis for your complaint including the Township service, program or activity involved; relevant dates and locations; and names of Township staff (if known):

Please state what you think should be done to resolve the complaint :

Has this complaint been filed with another government agency? If so, please specify which:

I hereby Certify that the above information is true to the best of my knowledge and is an accurate statement of my complaint under Title II of the Americans with Disabilities Act.

Complainant's Signature Date

If you have questions about this form, need an accommodation, or to request a different format of filing a complaint, please contact the ADA Coordinator at (856) 589-0520 ext. 2211 or email: jsmiley@twp.washington.nj.us.

Please complete, sign, and return this form to:
Township of Washington, Gloucester County
ATTN: ADA Coordinator
523 Egg Harbor Road, Sewell, NJ 08080 or email to: jsmiley@twp.washington.nj.us.