Township of Washington ADA Complaint Form

Washington Township is committed to ensuring 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 60 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you have any questions about this form, need an accommodation, or to request a different format of filing a complaint, please contact the Washington Township ADA Coordinator, Janine Smiley at (856)589-0520 ext. 2211 or email: jsmiley@twp.washington.nj.us

Complainant: _____

Phone: _____ Mobile phone: _____

Email: _____

Street Address: _____

City, State, Zip Code: _____

Person Preparing Complaint (if different from Complainant): _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____ Mobile phone: _____

Email: _____

Date of Incident: _____

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: _____

_____

_____

_____

Have you filed a complaint with any other federal, state, or local agencies? Yes/No (circle one)

Agency Contact Name: _____

Street Address, City, State, Zip Code: _____

Phone: _____

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.

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

Complainant's Signature: _____

Date: _____

Print or Type Name of Complainant: _____

OFFICE USE:

Date Received: _____

Received by: _____