

Township of Washington 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 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 Washington Township Parks and Recreation Department at 856-589-3227.

Complainant: _____

Phone: _____

Street Address: _____

City, State, Zip Code: _____

Alternate 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 Washington Township employee (s) involved, if available.

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 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: _____

OFFICE USE:

Date Received: _____

Received by: _____