

ADA COMPLAINT FORM

Americans with Disabilities Act Complaint Form:

The County of Salem 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 the title ii of the Americas 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 Salem County Office on Aging.

Complainant: _____
Phone: _____
Street Address: _____
City, Sate, 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 the County of Salem employees involved, if available.

Have you filed a complaint with any other federal, state, or local agencies? Yes or No (circle one).
If so, list agency/agencies and contact information below:

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

Date Received