

TITLE II, AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

Instructions: Please fill out this form in black ink or type. Sign and return it.

Grievant:	
Address:	
Town:	
State:	Zip Code:
Telephone	
Home:	
Business:	
Person Alleging Violation of Title II	
<i>(if other than the grievant):</i>	
Address:	
Town:	
State:	Zip Code:
Telephone	
Home:	
Business:	
Town Department:	
Address:	
Town:	
State:	Zip Code:
Telephone	
Home:	
Business:	
When did the alleged violation occur?	
Date:	
Describe the alleged act(s), providing name(s) where possible of the individuals who allegedly violated Title II. (attach additional pages if necessary.)	

Has this complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes:

If yes please complete section B

No:

Section B

Agency or Court:

Contact Person:

Address:

Town:

State:

Zip Code:

Telephone:

Date Filed:

Additional space for answers:

Signature: _____ Date: _____