Town of Sherman, CT ADA Complaint Form

Americans with Disabilities Act Complaint Form

Please complete this form. Fields marked with an asterisk (*) are required

**Person filling out this form**

First Name* ___________________________ Middle ___________________________

Last Name* ___________________________ Suffix_______

Address*__________________________________________________________

City*_______________________ State*_________________Zip*____________________

Telephone*_________________ Email*________________________

**Concerned Person(s) (if other than the complainant)**

_________________________________________________________________________

**Incident (if a particular incident) or Problem**

Government, organization, institution or business which you believe has discriminated

Name *________________________________________________________________________

Address________________________________________________________________________

City *_______________________ State*_________________ Zip_________

Telephone Number____________________________________________________

When did the problem occur? Is it an ongoing issue?
Date__________________________

Primary type of disability involved with the complaint* (check all that apply)

Mobility _________ Vision _________ Hearing _________ Speech___________
Cognitive/intellectual/developmental _________ Learning _________ Diabetes_______
Mental/psychiatric _________ Seizure _________ HIV/AIDS _________
Other or not listed_________
Problem or Issue with * (check all that apply)

employment __________ physical access __________ housing __________
interpreter/assistive listening __________ service animal __________ retaliation __________
denial of services/refusal to admit __________ other or don’t know __________

Describe the problem*

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, institution or business? *
Yes_______ No_______

Has the complaint been filed with any other Federal, State or local civil rights agency or court? *
Yes_______ No_______

Agency or Court
________________________________________________________