



Township of Bedminster

Americans with Disabilities Act Complaint Form

If you need help in completing this form contact the Township of Bedminster Disabilities Services Coordinator at (908) 212-7000, ext. 404. Please return this form to the Township of Bedminster Disability Services Coordinator, One Miller Lane, Bedminster, NJ 07921.

COMPLAINANT INFORMATION:

Name _____ Date _____
Mailing Address _____
Telephone _____
Email _____

ALTERNATE CONTACT:

Name _____ Date _____
Mailing Address _____
Telephone _____
Email _____

COMPLAINT:

Please describe the particular way in which you believe you have been denied any service, program, or activity of the Bedminster Township or have otherwise been discriminated against because of, or related to, a disability. Please specify dates, times of incidents, and names or positions of Bedminster Township employees involved. Please provide names and addresses, and telephone numbers of any witnesses. Please attach additional pages if necessary.

(Signature)

(Date)