

Town of Groton
ADA Complaint Form for Patrons and Visitors

Date of Incident: _____

Name of Person Filing Complaint: _____

Are you filing this complaint on behalf of yourself or someone else: _____ Self ____ Other

Name of Individual with Disability: _____

Phone Number: _____

E-Mail: _____

Mailing Address: _____

Alleged Violation:

Please describe the circumstances prompting this complaint, such as location(s) and other details giving rise to this complaint, such as the alleged denial of services, activities, programs or benefits and the reason(s) for concluding that the conduct was discriminatory, and including the name(s) of witnesses, if any, and attach supporting data, if available.

Requested Action or Resolution:

Please describe the accommodation or request that would help to provide you or the individual with greater access to our facilities, programs or services.

Signature: _____ **Date Signed:** _____

Completed Forms should be returned to the ADA Coordinator:

Arnetia Green
Director of Human Resources/Risk Management
45 Fort Hill Road
Groton, CT 06340
Phone: 860-441-6629
E-Mail: AGreen@groton-ct.gov

Town Use: Date Received _____