

**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.

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**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.

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**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Completed Forms should be returned to ADA Coordinator:**

**Mr. Robert Zagami**  
**Assistant Town Manager**  
**45 Fort Hill Road**  
**Groton, CT 06340**  
**Phone: 860-441-6637**  
**Email: [rzagami@groton-ct.gov](mailto:rzagami@groton-ct.gov)**

**Town Use: Date Received** \_\_\_\_\_