COUNTY OF BERGEN
AMERICANS WITH DISABILITIES ACT
DISCRIMINATION COMPLAINT FORM

Instructions: ***If you believe you have been discriminated against by the County of Bergen on the basis of a disability in the provision of services, activities, programs, or benefits, please complete this form and return it to the appropriate ADA Coordinator whose contact information is provided on page three. Upon request, copies of this form will be provided in alternative formats.***

Complainant Information:

Full Name:	
Address:	
City, State, and Zip Code:	
Cell Phone:	*Alternative Phone:*
E-mail Address (optional):	
Person Preparing the Complaint (if different from Complainant):	
Relationship to Complainant:	

Details of the Complaint:

Date(s) of the alleged incident(s):
Location(s) of alleged incident(s) (e.g. Department, Division, facility):
Please describe the alleged discriminatory incident(s) and the service, program, or benefit involved. Provide the names and titles of employees involved, if available. Attach additional pages if needed.

(description of incident continued)
Please state what you think should be done to resolve the complaint:

Other Agencies:

Have you filed this complaint with any other Federal, State, or local agencies? (if yes, please answer the questions that follow): ☐ Yes ☐ No
Agency Name:
Agency Contact Name:
Agency Address, Including City, State, and Zip:
Agency Phone:
E-mail Address:
Date Filed with Agency:

I hereby Certify that the above information is true to the best of my knowledge and is an accurate statement of my complaint under Title II of the Americans with Disabilities Act.

_____ _____

Complainant's Signature Date

_____

Print or Type Name of Complainant

If you have any questions about this form, need an accommodation, or to request a different format of filing a complaint, please use the contact information below. Otherwise, please complete, sign, and return form to the appropriate ADA Coordinator:

For Complaints Involving Public Right-of-Way:

Jaison Alex
One Bergen County Plaza, 4th Floor
Hackensack, New Jersey 07601
Phone: (201) 336-6445
Fax: (201) 336-6449
E-mail: jalex@bergencountynj.gov

For All Other Complaints:

Dr. Margaret F. Haynes
One Bergen County Plaza, 5th Floor
Hackensack, New Jersey 07601
Phone: (201) 336-6377
Fax: (201) 336-6389
E-mail: mhaynes@bergencountynj.gov

For Internal Use Only:

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Received By Date Received