



AMERICANS WITH DISABILITIES ACT COMPLAINT FORM

CARING, INC. is committed to ensuring that no person is denied access to its services, programs, or activities on the basis of their disabilities, as provided by title II of the Americans with Disabilities Act of 1990 ("ADA"). ADA complaints must be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact the CARING, INC. Director of Transportation at (609) 484-7050 Ext 218

Complainant Information

Complainant's Name _____

Address _____

Phone Number(s) _____

Email _____

Person alleging discrimination (if someone other than complainant):

Name _____

Address _____

Phone Number(s) _____

Email _____

Incident

Date of Incident _____

Please describe the alleged discriminatory incident, including the location(s), if applicable. Provide the names and titles of CARING, INC. employees involved, if available.

Other Filings

Have you filed this complaint with any other federal, state or local agency; or with any federal or state court? Yes _____ No _____

If so, list agency/agencies and contact information below:

Agency Name _____

Contact Name _____

Address _____

Phone Number(s) _____

Email _____

Signing & Submission

I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

Complainant's Signature

Date

Print or Type Name of Complainant

Submit form and any additional information to:

Daniel Lugo, CARING, INC.
PO Box 964, Pleasantville, NJ 08232
dlugo@caringinc.org

If this form is needed in another language, please call (609) 646-1990
Si este formulario se necesita en español, por favor llame (609) 646-1990

FOR OFFICE USE

Date Received: _____

Received By: _____