



ADA Complaint Form

Cherry Hill Township 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 Township Clerk at 856-488-7892.

A. Complaint Information:

Name	
Address	
City/State/Zip Code	
Telephone # (Home)	
Telephone # (Work)	
Email Address	

B. Person Discriminated Against (if someone other than complainant):

Name	
Address	
City/State/Zip Code	
Telephone # (Home)	
Telephone # (Work)	
Email Address	
Relationship to the person for whom you are complaining:	
Please Explain why you have filed third Party:	
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes ____ No ____

C. Description of Incident

Date	
	Please describe the alleged discriminatory incident, including the location(s), if applicable. Provide the names and titles of Cherry Hill Township employees involved, if available.

D. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? List all that apply.

Federal Agency	
Federal Court	
State Agency	
State Court	
Local Agency	

If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.

Name	
Title	
Address	
City/State/Zip Code	
Telephone # (Home)	
Telephone # (Work)	
Email Address	

E. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

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

Signature:		Date:
Attachments	Yes ____	No ____

F. Submit form and any additional information to:

Cherry Hill Township
Attention: Township Clerk
820 Mercer Street
Cherry Hill, NJ 08002