



CUMBERLAND COUNTY
DEPARTMENT OF
**WORKFORCE
DEVELOPMENT**

Americans with Disabilities Act Complaint Form: The County of Cumberland/Workforce Development

The County of Cumberland 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 ADA Coordinator at (856) 453-2120 or write to 164 W. Broad Street, Bridgeton, NJ 08302.

Complainant: _____

Phone: _____

Street Address: _____

City, State, Zip Code: _____

Alternate Phone: _____

Person Preparing Complaint (if different from Complainant): _____

Street Address, City, State, Zip Code: _____

Date of Incident: _____

Please describe the alleged discriminatory incident, including the location(s), if applicable provide names and titles of Workforce Development employees involved if available.

Have you filed a complaint with any other federal, state, or local agencies? Yes No

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

Agency Contact Name: _____

Street Address, City, State, Zip Code, Phone: _____

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

Complainant Signature

Date

Print or Type Name of Complainant

Date Received: _____

Received By: _____