



For Office Use

Date Received: \_\_\_\_\_

Case #: \_\_\_\_\_

## ADA Complaint Form

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address (Street No., PO Box, etc.): \_\_\_\_\_ Town, State, Zip Code: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Summary of the Complaint (Explain as briefly and clearly as possible how you were discriminated against, who was involved, including names and titles, and other relevant information.):

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Name of witness(es): \_\_\_\_\_ Witness contact information: \_\_\_\_\_

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*Attach any additional written information*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: **Inessa Muse, ADA Complaint Coordinator**  
**Windham Regional Commission**