144 Park Place East Wood-Ridge, NJ 07075



t:201.939.4242 f:201.939.2630 info@ezride.org www.ezride.org

AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT FORM

EZ Ride 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 our Customer Service team at (201) 939-4242, option 1.

Complainant:	
Phone:	
Street Address:	
City, State, Zip Code:	
Alternate Phone:	
Email:	
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 the names and titles of EZ Ride employees involved, if available.	

Description of insident continued	
Description of incident continued:	
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Have you filed a complaint with any oth If so, list agency/agencies and contact in	er federal, state, or local agencies? YesNo formation below:
Agency Contact Name:	
Street Address, City, State, Zip Code, Ph	none:
By submitting my initials, I affirm that I of my knowledge, information and belie	have read the above charge and that it is true to the best f.
Complainant's Name	Date
Initials	
Date Received	Received By