



**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 the EZ Ride compliance department and request to speak with the Assistant Executive Director at (201) 939-4242.

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 the names and titles of EZ Ride employees involved, if available.



Description of incident continued:

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:

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

Complainants Name

Date

Initials

