

Americans with Disabilities Act (ADA)  
Complaint/Grievance Form  
Township of Maple Shade

Grievant name: \_\_\_\_\_ Date of incident: \_\_\_\_\_

Grievant address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Person Preparing Complaint (if different from Grievant): \_\_\_\_\_

Relationship of Preparer to Grievant (if applicable): \_\_\_\_\_

**Nature of grievance:**

Please describe the nature of the complaint or grievance. Include as much detail as possible of the alleged violation. Date, location, incident, barrier, or perceived denial of benefit of any service, program or activity. If needed attach additional pages.

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**Proposed resolution or accommodation:**

Please describe what you believe should be done to resolve the grievance.

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\_\_\_\_\_  
Signature of Grievant/Preparer

\_\_\_\_\_  
Date

Mail form to: Township of Maple Shade, ADA Coordinator  
200 Stiles Avenue  
Maple Shade, NJ 08052

Upon request, copies of this form will be provided in alternative formats.