PARKING AUTHORITY
BOROUGH of FORT LEE
P.O. BOX 1113
Fort Lee, New Jersey 07024-4799
Tel:(201) 592-3500, Ext. 1518 · Fax (201) 592-8635

COMPLAINT FORM

Americans with Disabilities Act Complaint Form

The Fort Lee Parking Authority 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 11 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 Fort Lee Parking Authority, 231 Main St., 2nd FL, Fort Lee, NJ 07024 or call 201-592-3500 Ext 1518.

Complainant:

Phone:

Street Address:

City, State, Zip

Code Alt 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 the Fort Lee Parking Authority employees involved, if available.

_____

_____

_____

_____

_____

Description of incident continued:

_____

_____

_____

_____

_____

Have you filed a complaint with any other federal, state, or local agencies? Yes/No (Circle One). If so, list agency/agencies and contact information below:

_____

Agency Contact Name:

_____

Street Address, City, State, Zip Code Phone:

_____

Agency Contact Name:

_____

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

_____ _____

Complainant's Signature Date

_____

Print or Type Name of Complainant

Date Received: _____

Received By: _____