

Mayor
CAROLINE SIMMONS



CITY OF STAMFORD
ADA COMPLAINT FORM

Please complete this form in its entirety and send it to the office of I.D.E.A.S. for ADA via the following two methods:

POSTAL MAIL	POSTAL MAIL	E-MAIL
Office of I.D.E.A.S. for ADA c/o Mayor's Office 888 Washington Blvd. Stamford, CT 06902	Federal Transit Administration Office of Civil Rights 1200 New Jersey Avenue SE Washington, DC 20590	IDEASforADA@StamfordCT.gov

Name: _____

Street Address: _____ Apt No: _____

City or Town/State/Zip Code: _____

Phone: _____ Email: _____

Please provide the date(s) and location of the alleged discrimination due to disability. Include the name(s) and title(s) of the individual(s) who allegedly discriminated against you (if known).

Explain as briefly and as clearly as possible what happened, how you feel that you were discriminated against and who was involved. Please include how other persons were treated differently from you.

Please provide the names, addresses and telephone numbers of any witnesses.

Signature: _____ Date: _____

You may use additional pages if necessary and include any written materials pertaining to your complaint. Please indicate the total numbers of pages of your complaint and be sure to initial and number of page.

This complaint is a total of _____ pages. Please initial: _____