

Township of Lawrence

AMERICAN WITH DISABILITIES ACT COMPLAINT FORM

Direct complaints to the American Disabilities Act (ADA) Coordinator, who has been designated to coordinate the Township's ADA Compliance efforts. If you need assistance completing this form please contact the ADA Coordinator.

Gregory Whitehead
Township of Lawrence
2207 Lawrenceville Road
Lawrence Township NJ 08648
(609) 587-1894
Gwhitehead@lawrencetwp.com

Complainant Information:

<hr/>	<hr/>	<hr/>
Last Name	First Name	Middle Name
<hr/>		
Address	City	State Zip
<hr/>		
Home: () -	Work (Optional () -	
Telephone		Email

Alternate Contact Information:

<hr/>	<hr/>	<hr/>
Last Name	First Name	Middle Name
<hr/>		
Address	City	State Zip
<hr/>		
Home: () -	Work (Optional () -	
Telephone		

Complaint

Please describe the way in which you believe you have been denied any service, program or activity of the Township of Lawrence or have otherwise been discriminated against because of or related to a disability. Please provide names, addresses and telephone numbers of any witnesses. Please attach additional pages

Date of Incident _____

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Complainant Signature

Date