

Town of New Canaan
ADA Title II Grievance Form

Date: _____

Complainant Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Individual Discriminated Against "If different from Complainant":

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Dates of Alleged Violation: _____

Description of violation and Town Department involved:

Requested Action by the Town to correct violation:

Signature: _____