



AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE FORM

*Please use black or blue ink and return completed form to: Liz Ogden, ADA Coordinator,
P.O. Box 446, Ocean Grove, NJ 07756-0446*

Date: _____ Name of Grievant: _____

Grievant Address: _____

Telephone No.: _____ Email: _____

Describe the acts of alleged discrimination or way in which the program or facility is not accessible, providing the name(s) where possible of the individual(s) who allegedly discriminated.

What was the request for accommodations or programs, and what was the response?

I certify that the above statement is accurate and filled out to the best of my ability and knowledge.

Signature

Print Name

Date