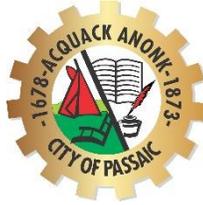


CITY OF PASSAIC
Annabelle Shimkowitz Senior
Center & Transportation

Francine Wise
Senior Program Coordinator



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Hector C. Lora
Mayor

January 1, 2020

COMPLAINT FORM

Americans with Disabilities Act Complaint Form

The CITY OF PASSAIC 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 II 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

Passaic City Hall
Att: Director of Human Services
973-365-3962

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 CITY OF PASSAIC employees involved, if available.
