

COUNTY OF MORRIS
DEPARTMENT OF HUMAN SERVICES
OFFICE ON AGING, DISABILITIES & COMMUNITY
PROGRAMMING

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Americans with Disabilities Act Complaint Form

Morris Area Para Transit System 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 The County of Morris, Allison Stapleton, ADA Compliance Officer, Office at PO BOX 900 Morristown, NJ 07963

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 Morris Area Para Transit System employees involved, if available.

Description of incident continued:

Have you filed a complaint with any other federal, state, or local agencies? Yes/No (Circle One).
If so, list agency/agencies and contact information below:

Agency Contact Name:

Street Address, City, State, Zip Code Phone:

Agency Contact Name:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

Complainant's Signature

Date

Print or Type Name of Complainant

Please mail this form to:

Allison Stapleton
ADA Compliance Officer
County of Morris
PO Box 900
Morristown NJ 07963

Date Received: _____

Received By: _____