

**CHENANGO COUNTY
AMERICANS WITH DISABILITIES ACT COMPLAINT FORM**

The ADA guarantees that people with disabilities have the same opportunities as everyone else to enjoy employment opportunities, purchase goods and services, and participate in state and local government programs.

If you feel you have been discriminated against, please provide the following information to assist us in processing your complaint. Send or deliver completed form to:

Chenango County Personnel Officer
5 Court Street
Norwich, NY 13815

PLEASE PRINT CLEARLY

Name: _____
Address: _____
City, State, Zip Code: _____
Telephone No.: (Home) _____ (Cell) _____
E-mail address: _____

Person discriminated against (if someone other than the complainant):
Name _____
Address _____
City, State, Zip Code _____

Please indicate why you believe the discrimination occurred: _____

What was the date and time of the alleged discrimination? _____

Where did the alleged discrimination take place? _____

Please describe how you feel you were discriminated against (You may attach additional sheets if necessary).

List names and contact information for any and all witnesses:

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date