

## **BRIDGES ADA Complaint Form**

*(Americans with Disabilities Act - Complaint of Discrimination)*

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### **Section 1: Complainant Information**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Preferred Method of Contact:  Phone  Email  Mail

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### **Section 2: Person Filing Complaint (if different from Complainant)**

**Name:** \_\_\_\_\_

**Relationship to Complainant:** \_\_\_\_\_

**Phone/Email:** \_\_\_\_\_

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### **Section 3: Details of Complaint**

**Date of Incident:** \_\_\_\_\_

**Time of Incident (if known):** \_\_\_\_\_

**Location of Incident:**

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**Name(s) of Individual(s) Involved (if known):**

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### **Section 4: Description of Alleged Discrimination**

Please describe the alleged discrimination in detail. Include what happened, why you believe it was based on disability, and any relevant circumstances.

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(Attach additional pages if needed)

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**Section 5: Witness Information (if applicable)**

**Name:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

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**Section 6: Supporting Documentation**

Please list and attach any documents that support your complaint (e.g., emails, photos, receipts, etc.):

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**Section 7: Prior Complaints**

Have you filed this complaint with any other agency or court?

Yes  No

If yes, please provide details:

Agency/Court Name: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Status/Outcome: \_\_\_\_\_

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**Section 8: Desired Resolution**

Please describe the outcome or resolution you are seeking:

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**Section 9: Certification**

I certify that the information provided in this complaint is true and correct to the best of my knowledge and belief.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Submit Completed Form To:**

**ADA Coordinator**

BRIDGES (Rockland Independent Living Center)  
2290 Palisades Center Drive  
West Nyack, NY 10994  
845-624-1366  
smitchellweed@bridgesrc.org

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**For Office Use Only**

**Date Received:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Complaint ID #:** \_\_\_\_\_

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**Accessibility Notice**

This form is available in alternative formats upon request. Assistance is available to complete this form if needed.