ADA COMPLAINT FORM

Bacharach 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 Office of Corporate Compliance, 609-748-4770

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 “Agency Name” 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 ________________________________

Date Received: ________________________________
Received By: ________________________________