Woonasquatucket River Watershed Council
Office of Civil Rights
45 Eagle St, Suite 202, Providence, Rhode Island 02909
(401) 861-9046

ADA Title II Complaint Form

_____
Last Name Middle Initial First Name

_____
Street Address City State Zip Code

_____ _____
Telephone Number (including area code) Best time to contact you

_____
E-mail address

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1 Please provide a complete description of the specific issue(s) you believe are inconsistent with Title II of the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act of 1973 and or the ADA Amendments Act of 2008 (use additional pages as necessary and provide documentation supporting the allegation).

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2 Please provide a specific location(s) of the ADA issues prompting this complaint.

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3 Date when the ADA non-compliance occurred / was noted.

_____

4 Please state, as specifically as possible, what you think should be done to resolve this complaint.

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_____

_____

_____

_____ _____

Signature Date

Mail Completed Complaint Form to:

Woonasquatucket River Watershed Council
45 Eagle St, Suite 202
Providence RI 02909
Attn: ADA Compliance Officer

For Agency Use Only:

_____ _____

Date Complaint was received Date Complaint investigated

_____

Results of Investigation (attach supporting documentation or photographs)

_____

_____

_____

Date Complainant Contacted Method of Contact: ☐ Phone ☐ Letter ☐ Email ☐ Personal Visit

Complaint Resolved? ☐ Yes
☐ No (forward to Office of Legal Counsel for review)

Was the RI Governor's Commission on Disabilities contacted? ☐ Yes ☐ No