Lenape Valley Foundation
ADA COMPLAINT FORM

Lenape Valley Foundation will assure that no qualified individual shall, on the basis of their disability, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any of its programs, service or activities as provided by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

Any person believing they have been discriminated against based on disability should go to www.lenapevf.org or 621 Shady Retreat, Doylestown PA 18901 to complete the ADA Complaint form. You can obtain more information by calling 267-893-5504

You can email the complaint form to the office at compliance@lenapevf.org . You can also submit this form in person at the address below, or mail this form to:

Lenape Valley Foundation
ADA Coordinator or Customer Complaint Representative
621 Shady Retreat
Doylestown, PA 18901

Complaints may also be filed no later than 180 days after the date of the alleged discrimination here: *www.ada.gov/filing_complaint.htm*

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?		Yes*	No	
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		Yes	No	

Section III:		
Date of Incident (Month, Day, Year): _____		
Please describe the alleged disability discrimination incident. Explain what happened, how you were discriminated against, and all persons who were involved. Include the name of the person(s) who discriminated against you (if known), as well as the names and contact information of any witnesses. If more space is needed, please use the back of this form. _____ _____ _____ _____		
Section IV		
Have you previously filed an ADA complaint with this agency?	Yes	No
Section V		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? [ ] Yes [ ] No If yes, check all that apply: [ ] Federal Agency: _____ [ ] Federal Court _____ [ ] State Agency _____ [ ] State Court _____ [ ] Local Agency _____		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:	Title:	
Agency:		
Address:		
Telephone:		
Section VI		
Name of agency complaint is against:		
Contact person:	Title:	
Telephone number:		

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

Signature and date required below

_____ _____ _____

Signature Date