



AMERICANS WITH DISABILITIES ACT (ADA) TITLE II GRIEVANCE PROCEDURE FORM- Statewide

Table with 2 columns: DHR-STW-OP-Form #: DHR-STW-OP-202.1-F, Authority: Americans with Disabilities Act of 2008 (ADA); 42 U.S.C. § 21G Pregnant Workers Fairness Act; 29 U.S.C. §218d PUMP for Nursing Mothers Act; 19 Del. C. §§ 710, 711, 716; Effective Date: April 1, 2021; Revision Date: December 1, 2023; Supersedes: N/A

Part 1: Complainant Information

Name: _____ Email Address: _____
Phone Number: _____ Mailing Address: _____

Part 2: Incident Information

Describe the incident you experienced or witnessed that caused a barrier to a program, service, or activity within the State of Delaware:

Part 3: Additional Incident Information - Please answer the below questions.

Date of Incident: _____

Which State of Delaware Department of Agency was involved? _____

Complaint Issue:

- Reasonable Accommodation, Housing, Other (please describe), Denial of Service/Refusal to Admit, Service Animal, Interpreter/Assistive Listening, Employment, Physical Access, Retaliation

Primary ADA Qualified Disability: _____

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

Signature _____

Date _____