John O'Leary
Executive Director
Christopher J. Nasto

Board President



Americans with Disabilities Act Complaint Form

Githens Center 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 filled 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 Githens Center at (609) 261-1667

Complainant:		
Phone:		
Street Address:		
City, State, Zip Code		
Alt Phone:		
Person Preparing Complaint (if different from Complain	ant):	
Street Address, City, State, Zip Code		
Date of Incident:		
	500. NET (QL) 00720	

Have you filed a complaint with any other fed If so, list agency/agencies and contact inform	deral, state, or local agencies? Yes/No (Circle nation below:	One).
Agency Contact Name:		
Street Address, City, State, Zip Code Phone:	B	
Agency Contact Name:		
I affirm that I have read the above charge and	nd that it is true to the best of my knowledge, in	nformation, and belief.
Complainant's Signature	Date	
Print or Type Name of Complainant		
Date Received:		
Received By:		