



11 US Route 206, Suite 100 · Augusta, NJ 07822
Phone: 973.383.7442 · Fax: 973.383.8330
www.scarc.org

Andy Sharick, P.E., *Chairman of the Board*
Richard C. Lecher, Ph.D., *President and Chief Executive Officer*

Janis M. Woersching, *Chief Operating Officer*
Karen L. Newburgh, CPA, *Chief Financial Officer*
Mary Jo Smith, SHRM-SCP, *Chief Human Resources Officer*

AMERICANS WITH DISABILITIES ACT COMPLAINT FORM

SCARC, Inc. is committed to ensuring that no person is denied access to 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 SCARC in processing the complaint. If assistance is required in completing this form, or if a verbal complaint is preferred, please contact Richard C. Lecher, SCARC CEO, at 973-383-7442.

Complainant: _____

Phone #: _____ Alternate Phone #: _____

Street Address: _____

City, State, Zip Code: _____

Person Preparing the Complaint (if different from Complainant):

Street Address, City, State, Zip Code: _____

Date of Incident: _____

Describe the alleged discriminatory incident, including the location(s), if applicable. Provide the names and titles of SCARC employees involved, if available.

Has a complaint been filed with any other federal, state or local agency? Yes / No (Circle One).

If so, list the agency/agencies and contact information:

Agency/Agencies & Contact Person: _____

Street Address, City, State, Zip Code & Phone: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Print or Type Name of Complainant Complainant's Signature Date