

Americans with Disabilities Act Transition Plan

ADA GRIEVANCE/REQUEST FOR INFORMATION FORM

TOWN OF MILTON, DELAWARE

If you have accessibility concerns or questions please fill out this form.

Name: _____

Street Address: _____

City: _____ State: _____

Zip code: _____ Date: _____

Phone: _____ Email: _____

Comments/Questions: _____

Grievance? Please provide a detailed description (including date of incident, if applicable): _____

Please provide complete address and/or location description related to your concern:

If you have any further questions or comments please contact Town Manager, ADA Title II Coordinator, Town of Milton at 302-684-4110.