



**BOROUGH OF SOUTH PLAINFIELD**  
2480 Plainfield Avenue  
South Plainfield, New Jersey  
908-754-9000

**AMERICANS WITH DISABILITIES ACT**

**DISCRIMINATION GRIEVANCE FORM**

**Instructions:** If you feel you have been discriminated against on the basis of a disability in the provision of services, activities, programs or benefits by the Borough of South Plainfield, please report your grievance by filling out this form.

**Complainant**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Witness(s) Name (If any):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Witness(s) Name (If any):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Witness(s) Name (If any):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general note-taking. There are no margins, text, or other markings on the page.

Date \_\_\_\_\_

Please submit your grievance to the office of the Borough Administrator located at 2480 Plainfield Avenue, South Plainfield, NJ 07080, or email [Gcullen@southplainfieldnj.com](mailto:Gcullen@southplainfieldnj.com)