



Joseph P.
Ganim

City of Bridgeport Department of Health & Social Services

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CITY OF BRIDGEPORT AMERICANS WITH DISABILITIES ACT GRIEVANCE/COMPLAINT FORM

This form may be used to file a complaint alleging discrimination on the basis of disability in programs, services, or activities of the City of Bridgeport under Title II of the Americans with Disabilities Act (ADA). Persons with disabilities may request alternative means of filing complaint such as a recording or a personal interview. A letter containing the information below may be submitted in place of this complaint form.

Today's Date: Date of Alleged Incident:

Complainant Name:

Home Address:

Phone: Email:

Which City department, program or service is involved in the alleged discrimination?

Describe the alleged act of discrimination (additional paper may be attached):

Complaints should be submitted as soon as possible, but not later than 90 days after the alleged discrimination, to:

Nadine Douglas, LMSW
Department of Social Services
999 Broad Street, Bridgeport, CT 06604
Phone(203) 332-8330 or
Email: Nadine.Douglas@bridgeportct.gov