

The Township of Moorestown

111 West Second Street • Moorestown • New Jersey 08057
(856) 235-0912 Telephone • (856) 914-3076 Fax



Americans with Disabilities Act

Grievance Procedure

The Township of Moorestown has adopted the following grievance procedure to comply with the requirements of the ADA. It may be used by anyone who wishes to file a grievance alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Township of Moorestown.

The grievance should be in writing provided on the form provided by the Township of Moorestown (attached hereto), if possible, and contain information, including, but not limited to, name, address, phone number, email address of complainant and location, date, time and description of the alleged discrimination. Alternative means of filing grievances, such as conducting a personal interview or providing an audio recording, will be made available for persons with disabilities upon request.

The grievance should be submitted within 90 calendar days of the alleged incident, to the ADA Coordinator: Township Manager, Kevin Aberant, Moorestown Township, 111 West Second Street, Moorestown, New Jersey 08057 or kaberant@moorestown.nj.us.

Within 15 calendar days after receipt of the grievance, the ADA Coordinator will review the grievance and take appropriate steps to initiate an investigation. The Township will make every effort to respond within 30 days of receiving the grievance, in writing, and where appropriate, in a format that is accessible to the complainant, such as large print or audio recording. The response will explain the position of the Township of Moorestown and offer options for substantive resolution of the grievance.

If a reasonable resolution of the grievance is not reached through this procedure, an appeal can be filed with the United States Department of Justice at www.ada.gov.

Adopted 01/05/2026

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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 Township of Moorestown, please report your grievance pursuant to the Grievance Procedure set forth on page 1.

COMPLAINANT

Name: _____

Street Address: _____

City, State and Zip Code: _____

Mailing Address: _____

Telephone number: _____

Email Address: _____

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: _____

