CITY OF BOSTON

GRIEVANCE PROCEDURE FORM
UNDER THE AMERICANS WITH DISABILITIES ACT

Complaint Form

This Form may be used by any individual to file a complaint alleging discrimination on the basis of disability in meetings, services, programs or activities of the City of Boston under Title II of the ADA. Alternate means of filing a complaint, such as personal interviews or tape recordings, are available upon request for people with disabilities. All complaints will be kept on file for a minimum of 3 years.

Filing Date:________________________  Date of Alleged Incident:________________________

Complainant Name:______________________________________________________________

Home Address:__________________________________________________________________

Phone #:_________________________  Email:_______________________________________

The alleged act of discrimination involves which City department, meeting, agency or program?

____________________________________________________________________________________

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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

This Complaint Form (or alternate reporting method) should be submitted by the complainant or his/her designee as soon as possible, but no later than 120 days after the alleged violation, to:

Commissioner Kristen McCosh, ADA Title II Coordinator
Mayor’s Commission for Persons with Disabilities
One City Hall Square, Room 967
Boston, MA 02201
617-635-3682 (voice) or 617-635-2541 (TTY)
disability@cityofboston.gov
www.cityofboston.gov/disability

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