



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