



**CITY OF BOSTON**

**GRIEVANCE PROCEDURE  
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?**

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

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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:

**Kristen McCosh, Disability Commissioner / ADA Coordinator  
City of Boston 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](mailto:disability@cityofboston.gov)**

**[www.cityofboston.gov/disability](http://www.cityofboston.gov/disability)**