



**CITY OF SOMERVILLE, MASSACHUSETTS
AMERICANS WITH DISABILITIES ACT COMPLAINT FORM**

**JOSEPH A. CURTATONE
MAYOR**

Complainant

Name:

Address:

City, State and Zip Code:

Telephone: Home:

Business:

Cell phone:

Complaint

1. If applicable, list the location of the area believed to be in violation of the ADA, the Massachusetts Architectural Access Board regulations, or any other law or ordinance. Please give the complete street address and/or street intersection.

2. Describe in detail and attach any additional documentation, such as photographs. Please feel free to use an additional sheet of paper if necessary.

3. List any individuals and/or agencies with which you have discussed the matter.

4. If possible, discuss how the issue/alleged violation impacts your daily activities.

Signature: _____

Date: _____

Please send completed form via regular mail, fax or e-mail to:

Betsy M. Allen
Director – Commission for Persons with Disabilities
ADA Coordinator
City of Somerville
167 Holland Street
Somerville, MA 02144
617-625-6600 x2323
Fax: 617-625-0688
ballen@somervillema.gov