

Town of Wakefield - Department of Public Works Engineering Division  
Town Hall  
1 Lafayette Street  
Wakefield, MA 01880  
(781) 246-6309



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## **Municipal Grievance Form**

### **Relating to the Americans with Disability Act**

(Please fill out this form completely. Sign and return to the address above no later than 60 calendar days after the alleged violation.)

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Person Discriminated Against (if other than the complainant):

\_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Where did the discrimination occur? \_\_\_\_\_

When? Date: \_\_\_\_\_

Describe the acts of discrimination providing the name(s) where possible for the individuals who discriminated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Wakefield ADA Coordinator:

\_\_\_\_\_

Date Received: \_\_\_\_\_