



**Town of Burlington**  
**29 Center Street**  
**Burlington, MA 01803**

**Americans with Disabilities Act (ADA)**  
**Grievance Form**

**Purpose:** Use this form to file a grievance if you find that the Town of Burlington has not provided adequate accommodations for disability (physical, mental, or otherwise).

**Instructions:** Please complete this form and submit to the Civil Rights Coordinator identified at the end of this form.

**Name of Grievant:** \_\_\_\_\_

**Person Preparing Grievance (if different from Grievant):** \_\_\_\_\_

**Address of Grievant:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Provide the date(s) the incident occurred:** \_\_\_\_\_

**Please provide a complete description of the specific complaint or grievance:**

---

---

---

---

**Please specify any location(s) related to the complaint of grievance (if applicable):**

---

---

---

---

**Please state your suggested outcome for resolution of your grievance:**

---

---

---

**Please attach photos related to the complaint of grievance (if applicable).**

**Signature of Grievant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submission:** Grievances shall be submitted online or in writing to:

**Joanne M. Faust, Civil Rights Coordinator and  
Human Resources Director  
Town of Burlington  
29 Center Street Burlington, MA 01803  
TEL: (781) 505-1160  
EMAIL: [jfaust@burlington.org](mailto:jfaust@burlington.org)**

Hard copies are available at the Town Offices. Upon request, reasonable accommodations will be provided in order to complete this form.