



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**

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