

CITY OF FALL RIVER
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 Fall River Title II of the ADA. Alternate means of filling 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?

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

This Complaint Form (or **ALTERNATE** reporting method) should be submitted by the complainant or his/her designee to the City Clerk as soon as possible, but no later than 120 days after the alleged violation, to:

Office of the City Clerk
Attn: ADA Coordinator
One Government Center
Fall River, MA 02720
508 -324-2220