

## Title II of the Americans with Disabilities Act Complaint Form

Filing Date:	Date of Alleged Incident:
Complainant Name:	
Home Address:	
Phone #:	Email:
Department/Agency which you be Name:	
Address:	
Phone #:	
Describe the alleged act of discrim	ination (additional pages may be attached):
	<del></del>
Signature	

This Complaint Form (or alternate reporting method) should be submitted by the complainant or their designee as soon as possible, but no later than 120 days after the alleged violation, to:

Tim Ross - ADA Coordinator
City of Arlington
27 Maple Street
Arlington, MA 02476
781-316-3257
TRoss@town.arlington.ma.us