

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: \_\_\_\_\_