



**CITY OF SOMERVILLE, MASSACHUSETTS
AMERICANS WITH DISABILITIES ACT RESIDENT COMPLAINT FORM**

**JOSEPH A. CURTATONE
MAYOR**

Complainant

Name: _____

Address: _____

City, State and Zip Code: _____

Contact Information

Telephone: Home: _____ Business: _____ Cell phone: _____

Email: _____

Complaint

1. List the location of the area believed to be in violation of the Americans with Disabilities Act, Massachusetts Architectural Access Board regulations or any other law or regulation. Please give the complete street address and/or street intersection.

2. Describe the issue in detail and attach any additional information that might be helpful (i.e. photographs). Please feel free to use an additional sheet of paper if necessary.

3. List any individuals and/or agencies with whom you discussed this issue.

Signature: _____

Date: _____

Once the form is completed please send to:

Nency Salamoun
City of Somerville
165 Broadway
Somerville, MA 02145
617-625-6600 x 2323
nsalamoun@somervillema.gov