



AMERICANS WITH DISABILITIES COMPLAINT FORM

Direct contact: Joanne LaFerrara, Director of Customer Relations 508-823-8828

This form is to be used for anyone who wishes to file a complaint alleging discrimination on the basis of a disability.

Name of Complainant _____

Contact Information _____

Date of alleged infraction: _____ Time of alleged infraction: _____

Place of alleged infraction:

Reason for
complaint _____

