TOWN OF BELLINGHAM
10 Mechanic Street * Bellingham, MA 02019
Commission on Disability
(Tel) 508-966-2967  (Fax) 508-966-4303
bsmith@bellinghamma.org

OMB No. 1190-0009
Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form

Complainant: __________________________________________
Address: ______________________________________________
City, State & Zip: ________________________________________
Contact number: ________________________________________

Person discriminated against: (if other than the complainant):
_____________________________________________________
Address: ______________________________________________
City, State & Zip: ________________________________________
Contact number: ________________________________________

Business, department or location which you believe has discriminated:
Name: ________________________________________________
Address: ______________________________________________
City, State & Zip: ________________________________________
Contact number: ________________________________________
When did discrimination occur? Date:

Describe the act(s) of discrimination - providing names:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

What, if any, efforts been made to resolve this complaint:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please include any correspondence, pictures or other supporting documentation if available.

Submit to: Town of Bellingham
Beth Cornell-Smith, ADA Coordinator
10 Mechanic St
Bellingham, MA 02019

Complainant Signature  Date