Revised 1.10.13

**COMMONWEALTH OF MASSACHUSETTS**
**JUDICIARY**
**ADA COMPLAINT FORM**

The information provided below will assist the Court in investigating and, if possible, resolving complaints pertaining to discrimination on the basis of disability. Please send the completed form to Tamika Harvey, ADA Coordinator, John Adams Courthouse, One Pemberton Sq., Boston, MA 02108. You may fax the form to the attention of Tamika Harvey at 617-626-7956 or send it by email to tamika.harvey@appct.state.ma.us

A. **Your Name and Contact Information**

1. Complainant's Full Name _____
2. Complainant's Complete Address _____
3. Complainant's Day Phone _____
4. Complainant's Alternate Phone _____
5. Complainant's Email address _____
6. Best time to contact complainant _____
7. Best way to contact complainant _____

B. **Complaint Information**

1. Incident date:
2. Incident time:
3. Place of Incident (please be specific, e.g., conference room, entrance)
4. Please provide specific details about this incident and your complaint. Please attach extra pages if necessary.

C. **Is Complaint Related to a Case? If so, please provide case name, docket number, and court in which the case was or is being heard**.

D. **Names and Contact Information of Witnesses**

By signing this document, I acknowledge that, to the best of my knowledge and belief, the statements made in this complaint are true.

Complainant's signature:

Date:

**This document may be available in an alternate format. Please contact the ADA Coordinator.**