

ADA COMPLAINT FORM - TOWN OF NAHANT

The Town of Nahant has established a complaint procedure to meet the requirements of Title II the Americans with Disabilities Act of 1990 (“ADA”). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of a disability in the provision of services (including transportation), activities, programs or benefits provided by the Town of Nahant.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the alleged discrimination. Alternative means of filing complaints, such as personal interviews or a tape-recording of the complaint, will be made available upon request for persons with disabilities preventing them from submitting a written complaint. The complaint should be submitted as soon as possible after the alleged violation to Robin & Dan deStefano, 7 James Avenue, Nahant MA the Town of Nahant’s ADA coordinators.

Within 30 calendar days after the ADA coordinator receives of the complaint, she or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 30 calendar days of that meeting, the ADA coordinator or her designee will respond in writing and, where appropriate, in a format accessible to the complainant (i.e., large print, Braille, or audio tape). The ADA coordinator’s response will explain the position of the Town of Nahant and offer options for resolution of the complaint.

If the complainant is not satisfied with the ADA coordinator's response (or that of her designee), the complainant may appeal the decision within 10 calendar days after receipt of the response to the Town Administrator.

Within 30 calendar days after receipt of the appeal, the Town Administrator or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within 30 calendar days after the meeting, the Town Administrator or his designee will respond in writing and, where appropriate, in a format accessible to the complainant with a final resolution of the complaint.

All written complaints the ADA Coordinator receives, all appeals to the Town Administrator, and all responses from these two officials will be retained by the Town of Nahant for three years.

The Town of Nahant’s ADA Complaint Information form is below.

Town of Nahant
ADA Complaint Information

Name: _____

Address: _____

Cellular telephone number: _____

Home telephone number: _____

E-mail address: _____

What is your primary type of a disability? _____

Date of this complaint: _____

Date of the violation of the Americans with Disabilities Act of 1990 (“ADA”): _____

Describe, in detail, the event/situation you believe violated the ADA. Please provide name(s), if appropriate, of individuals who were involved.

If this is a general request for an accommodation, describe the functional limitations caused by your disability for which you are requesting an accommodation:

Describe any accommodations that you believe would minimize or eliminate the barriers to your participation in the Town of Nahant’s services (including transportation), activities, programs, or benefits:

If a complaint has been filed with any other federal, state or local civil rights agency or court regarding this issue, please identify each those agencies or courts:

Signature

Date

(August 2015)