## 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 the ADA Coordinator for the court against whom the claim of discrimination is being made (see contact information below). If you are unsure of which court to direct your complaint to, send it to either of the ADA Coordinators identified below and he or she will forward it to the appropriate court.

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.	<u>Complaint Information</u>
	1. Incident date:
	2. Incident time:
	3. Place of Incident (please be specific, e.g., conference room, entrance)
	Please provide specific details about this incident and your complaint. Please
	attach extra pages ifnecessary.
C.	Is Complaint Related to a Case? If so. please provide case name, docket number, and
	court in which the case was or is beingheard.
D.	Names and Contact Information of Witnesses
	ng this document, I acknowledge that, to the best of my knowledge and belief, the statements made omplaint are true.
	nant's signature:
Date:	

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

The Supreme Judicial Court has designated as its ADA Coordinator:

Timothy Maguire
ADA Coordinator
Supreme Judicial Court
John Adams Courthouse
Boston, Massachusetts 02108
Phone: 617-557-1140

Email: SJC.ADACoordinator@jud.state.ma.us

The Appeals Court has designated as its ADA Coordinator:

Maggi Farrell ADA Coordinator Massachusetts Appeals Court John Adams Courthouse Boston, Massachusetts 02108 Phone: 617-626-7982

Email:

<u>AppealsCourt.ADACoordinator@jud.state.ma.us</u>