



Online ADA Complaint Form

Legal Department/ADA Coordinator
Massachusetts State Lottery Commission
150 Mount Vernon Street
Dorchester, MA 02125-3573

Phone: (781) 849-5555
Fax: (781) 849-5563
www.masslottery.com

The information provided below will help the Massachusetts State Lottery Commission to investigate complaints and possible violations of the Lottery's sales agent agreement and/or Lottery regulations pertaining to accessibility. To submit such a complaint, complete and print this form, filling in the required information and mailing it to the address to the right.

An asterisk (*) indicates required information. Please note that the information provided may be subject to release under the Public Records Law.

A. Your Name and Contact Information

*First Name:

Middle Initial:

*Last Name:

*Address:

*City:

*State:

*Zip Code:

*Day Phone:

Alternate Phone:

Email Address:

B. Complaint Information

*Incident Date:

*Incident Time:

*Agent Name:

Agent Address:

*Agent City:

Agent Zip Code:

***Please provide specific details regarding this incident/your complaint.**

C. Additional Information

Agent Number:

Name(s) and contact information of individual(s) involved:

Name(s) and contact information of witnesses:

Please check this box to certify that, to the best of your knowledge and belief, the statements made in this complaint are true and accurate.

Dated: