



## ADA COMPLAINT FORM

Please provide the following information necessary in order to process your complaint. Should you require any assistance in completing this form, please let us know. Please complete this form and mail or deliver to:

ADA Complaint Officer, COAST, 42 Sumner Drive, Dover, NH 03820  
You can reach our office Monday-Friday from 8-5 at 603-743-5777

1. **Name** \_\_\_\_\_

2. **Street Address** \_\_\_\_\_

3. **City, State and Zip Code** \_\_\_\_\_

4. **Telephone Number** Home/Cell: \_\_\_\_\_ **Work:** \_\_\_\_\_

5. **Accessible Format Requirements:**

Large Print       Not Applicable       Other (describe below)

\_\_\_\_\_

6. **Are you filing this complaint on your own behalf?**       Yes\*       No

*\*If Yes please continue to question 7*

**If No**, please supply the name of the person for whom you are complaining and your relationship to

him/her: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

7. **Have you obtained permission to file on behalf of the complainant?**       Yes     

8. **Date of incident?** \_\_\_\_\_

9. **Please explain as clearly as possible what happened. Include the name and contact information of the person(s) involved as well as the names and contact information of any witnesses.**

If additional space is needed, please attach sheets of paper or use the back of this form.

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10. **Have you previously filed an ADA complaint with this agency?**  Yes  No

11. **Have you filed this complaint with any other federal, state, or local agency; or with a federal or state court?**

(Check the appropriate box)  Yes  No

If **yes**, please check each agency the complaint was filed with:

Federal agency  Federal court  State agency  State court  Local agency

12. **Please provide the name of a contact person at the agency/court where the complaint was also filed:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Please sign below.** You may attach any written materials or information you believe supports your complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address below, or mail this form

to: ADA Complaint Officer

COAST

42 Sumner Drive

Dover, NH 03820