

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 Addı	ess	
3. City, State	ınd Zip Code	
4. Telephone	Number Home/Cell:	Work:
5. Accessible	Format Requirements:	
☐ Large	Print	☐ 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: Na	me:	Relationship:
7. Have you obtained permission to file on behalf of the complainant?		
8. Date of inci	dent?	

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.
10	. Have you previously filed an ADA complaint with this agency?
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) \square Yes \square 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
Ple	ease sign below. You may attach any written materials or information you believe supports your complaint.
Sig	gnature Date
	Please submit this form in person at the address below, or mail this form

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