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.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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