



SULLIVAN COUNTY TRANSPORTATION
ADA COMPLAINT FORM

SECTION I:

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Email Address: _____

Accessible Format Requirements?

Large Print Audio TDD Other _____

SECTION II:

Are you filing this complaint on your own behalf? Yes No

If you answered "yes" to this question, go to SECTION III.

If "no," please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party: _____

Please confirm that you have obtained permission of the aggrieved party if you are filing on behalf of a third party. Yes No

SECTION III:

I believe the discrimination I experienced was based on disability.

Date of alleged discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known), as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

SECTION IV:

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

If "yes," please provide the date of filing: Date of filing: _____

SECTION V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes No

If "yes," check all that apply:

Federal Agency Federal Court Local Agency

State Agency State Court

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

SECTION VI:

Name of Agency complaint is against: _____

Contact Person: _____

Title: _____

Telephone: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature: _____ Date: _____

(Note: Signature and date are required.)

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

Sullivan County Transportation
Don Beam, Transportation Director
6 Kinney Place
Claremont, NH 03743