# 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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**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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information</th>
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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