



GCSCC ADA COMPLAINT FORM

Title II and III of the Americans with Disabilities Act of 1990 (ADA) provide that no entity shall discriminate against an individual with a disability in connection with the provision of transportation service.

If you feel that you have been discriminated against in regards to an ADA transit service issue, please provide the following information in order to assist us in processing your complaint.

Please mail your completed form and any supporting documents to:

Kathleen Vasconcelos, Executive Director
Grafton County Senior Citizens Council, Inc.
PO Box 433
10 Campbell St.
Lebanon, NH 03766-0433

Please print clearly:

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ (home) _____ (cell) _____ (other)

Person discriminated against if different than above:

Address of person discriminated against if different than above:

City, State, Zip Code:

Has the complaint been filed with the Department of Justice or any other Federal, State, or local civil right agency or court?

Yes: _____ No: _____

If yes, please provide the following information:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip: _____

Please sign here: _____ Date: _____