



## 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:

\_\_\_\_\_

Please indicate why you believe the discrimination occurred:

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What was the date of the alleged discrimination?

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Where did the alleged discrimination take place?

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Please describe the circumstances as you saw it:

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Please list any and all witnesses' names and phone numbers:

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What type of corrective action would you like to see taken?

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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: \_\_\_\_\_