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:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What was the date of the alleged discrimination?
______________________________________________________________________

Where did the alleged discrimination take place?
________________________________________________________________________

Please describe the circumstances as you saw it:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please list any and all witnesses’ names and phone numbers:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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