AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT FORM

Carroll County Retired & Senior Volunteer Program

71 Hobbs Street, Unit #310 • Conway, NH 03818 • 603-356-9331
carrollcountyrsvp.org

Purpose: Use this form if you believe you were discriminated against or denied equal access to a Carroll County RSVP program, service, or activity because of a disability. Assistance and accessible formats are available upon request.

SECTION 1 — COMPLAINANT INFORMATION

Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: _____ **Email:** _____

☐ Preferred contact: ☐ Telephone ☐ Email ☐ U.S. Mail ☐ Other: _____

☐ Do you need this form or future communications in an accessible format? ☐ No ☐ Yes

☐ If yes: ☐ Large Print ☐ Electronic Format ☐ Other: _____

SECTION 2 — PERSON AFFECTED

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

If no, name of person for whom you are filing: _____

Your relationship to that person: _____

If you are filing on behalf of another person, briefly explain why:

_____

_____

_____

_____

_____

SECTION 3 — COMPLAINT INFORMATION

Date of alleged incident: _____ **Approximate time:** _____

Location: _____

☐ RSVP program involved: ☐ Non-Emergency Medical Transportation ☐ Meals on Wheels Delivery ☐ Other: _____

Describe what happened and why you believe you were discriminated against or denied equal access because of a disability. Include dates, times, names, and other details that may help RSVP investigate.

_____

_____

_____

_____

_____

Name(s) of RSVP staff member, volunteer, driver, or another individual involved, if known: _____

CARROLL COUNTY RSVP — ADA COMPLAINT FORM (continued)

SECTION 4 — WITNESSES

Please list anyone who witnessed the incident or may have relevant information.

Name: _____

Telephone/Email: _____

Name: _____

Telephone/Email: _____

SECTION 5 — SUPPORTING INFORMATION

☐ Are you attaching documents or other information related to this complaint? ☐ No ☐ Yes

If yes, describe the documents or information attached:

_____

_____

_____

_____

SECTION 6 — OTHER COMPLAINTS

☐ Have you filed this complaint with another federal, state, or local agency? ☐ No ☐ Yes

If yes, agency name: _____

Date filed (if known): _____

SECTION 7 — SIGNATURE

I certify that the information provided in this complaint is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

Printed Name: _____

SUBMIT THIS FORM

ADA Responsible Person

Mary Carey Seavey, Executive Director
Carroll County RSVP
71 Hobbs Street, Unit #310
Conway, NH 03818
603-356-9331

Accessibility Assistance

If you need assistance completing this form or need it in an alternative accessible format, please contact RSVP at 603-356-9331.

Federal Transit Administration: A complaint may also be filed with the FTA Office of Program Oversight. FTA advises that complaints should generally be filed within 180 days of the alleged violation.

FOR RSVP OFFICE USE ONLY

Date received: _____ **Complaint #:** _____ **Received by:** _____

Acknowledgment sent: _____ **Assigned to:** _____

Investigation completed: _____ **Response provided:** _____

Resolution / action taken:

_____

_____

_____

_____

Authorized signature: _____ **Date:** _____