

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.

Section IV:

Have you previously filed an ADA complaint with this agency? (Circle One)

Yes No 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? (Circle One)

Yes No

If yes, check all that apply:

Federal Agency: _____ State Agency: _____

Federal Court: _____ State Court: _____

Local Agency: _____

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 Number:

*You may attach any written materials or other information that you think is relevent to your complaint.

Siganture and date required below.

Signature : Date:

File in person at our office location:
Carroll County RSVP
Mary Seavey, Executive Director
53 Technology Lane
Conway, NH 03818

Or mail to:
Carroll County RSVP
Mary Seavey, Executive Director
PO Box 1182
North Conway, NH 03860