



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 relevant to your complaint.

Signature and date required below.

Signature :

Date:

Please submit this form in person at the address below, or mail this form to:

Tri County Transit  
Brenda Gagne, Transportation Director  
Tri County CAP Inc.  
31 Pleasant Street  
Berlin NH 03570