



Return completed forms to the attention of the NTS Mobility Manager via fax at 603-821-2042 or by regular mail to 11 Riverside St., Nashua, NH 03062

ADA Complementary Paratransit Complaint Form

I. Complainant Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Primary): _____ (Secondary): _____

Email: _____

II. Incident Information

Name of person(s) who allegedly discriminated against you, if known: _____

Date of alleged incident: _____ Type of alleged incident: _____

Location of alleged incident: _____

Explain what happened and how you believe you were discriminated against: _____

III. Person(s) we may contact for additional information to support of clarify your allegations

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Primary): _____ (Secondary): _____

Email: _____

IV. What other information do you have which is relevant to an investigation of this complaint?

V. How can your issue(s) be resolved to your satisfaction?

VI. If you have filed this complaint with NTS before, please specify:

When: _____

Where: _____

How: _____

Signature: _____

Date: _____

**If you need more space, attach additional sheet(s). Attach any supporting documentation you may have.*

VII. Intake by (ADA Investigator)

Name: _____

Signature: _____

Date: _____