ADA GRIEVANCE FORM

Date: _____

Complainant Name: _____

Address: _____

_____

Phone/Email: _____

Represented By: _____

Address: _____

_____

Phone/Email: _____

Date of Occurrence: _____

Indicate which municipal facility, program or service is inaccessible to you or section of Title II violated:

- ☐ Municipal facility: _____
- ☐ Municipal program: _____
- ☐ Municipal service: _____
- ☐ Section of Title II violated: _____

☐ I am a qualified individual with a disability.

Please describe the nature of the problem, the location, the names of persons involved and any other relevant information in sufficient detail to enable the ADA Coordinator to resolve this complaint.

_____

_____

_____

_____

_____

_____

Suggested reasonable accommodation: _____

_____

_____

_____

Mail to: ADA Coordinator, Town Offices, 16 Main Street, Goffstown, NH 03045

Signed: _____