



Appendix B

Transportation Complaint Form for ADA and Related Statutes

It is the policy of Easterseals NH, Inc. (ESNH) to uphold and assure full compliance with the Americans with Disabilities Act (ADA), and all related statutes. ADA and related statutes provide that transportation entities are required to make reasonable modifications/accommodations to policies, practices, and procedures to avoid discrimination and ensure that their programs are accessible to individuals with disabilities under any program or activity receiving Federal assistance. Any individual, group of individuals or entity that believes they have not been provided with a reasonable modification for transportation service for their disability under DOT 49 CFR Parts 27 & 37 and related statutes in receiving ESNH Transportation services may file a written complaint to the following address:

**Operations Manager
ESNH
180 Zachary Rd
Manchester, NH 03109
Phone: (603) 263-2055 Fax: (603) 624-9794
TTY: Dial 711 or 800-735-2964
Or email to
smckechnie@eastersealsnh.org**

More information about transit-related ADA requirements may be found in the Federal Register
<https://www.transit.dot.gov/ADA>

Note: Apart from the form, *on separate pages*, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

Important: Please sign on the last page of the form after printing out.

Appendix B

Section 1

I believe that Easterseals NH has failed to comply with the following program requirements:

- Americans with Disabilities Act (ADA)
- 49 CFR Parts 27 & 37
- Not Applicable
- Other (specify): _____

Section II

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Numbers: Home: _____
Cell: _____
E-Mail Address: _____

Section III

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

If not, please supply the name and relationship of the person for whom you are filing this complaint:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party: Yes No

Please sign here: _____ Date: _____

Note: Do not forget to attach details about the complaint.