

**VNA AT HCS ADA COMPLAINT FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Accessible Format Requirements?

Large Print \_\_\_\_ Audio Tape \_\_\_\_ TDD \_\_\_\_ Other \_\_\_\_\_

The Federal Transit Administration (FTA) Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave. SE, Washington, DC 20590 is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions To Address Environmental Justice in Minority Populations and Low-income Populations," and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

In VNA at HCS's complaint investigation process, we analyze the complainant's allegations for possible Title VI and related deficiencies by the transit provider. If deficiencies are identified, they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe. The State of New Hampshire may also refer the matter to the U.S. Department of Justice for enforcement.

Section II

Are you filing this complaint on your own behalf? Yes \_\_\_\_ No \_\_\_\_ (If you answered 'yes' to this question, go to section III)

If the answer was 'no' please supply the name of the person for whom you are complaining:

\_\_\_\_\_

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 \_\_\_\_

Section III

Have you previously filed an ADA complaint with VNA at HCS or the FTA? Yes \_\_\_ No \_\_\_

If yes, what was your FTA Complaint Number? \_\_\_\_\_

(Note: This information is needed for administration purposes; we will assign the same complaint number to the new complaint.)

Have you ever filed with any of the following agencies?

Transit Provider \_\_\_\_\_ NHDOT \_\_\_\_\_ Department of Justice \_\_\_\_\_ Equal Employment  
Opportunity Commission \_\_\_\_\_ Other \_\_\_\_\_

Have you filed a lawsuit regarding this complaint? Yes \_\_\_ No \_\_\_

If yes, please provide a copy of the complaint form.

(Note: The above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we will defer to the decision of the court.)

Section IV

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route number, 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.

Section V

May we release a copy of your complaint to the New Hampshire Department of Transportation (NHDOT)? Yes \_\_\_ No \_\_\_

May we release your identity to the NHDOT? Yes \_\_\_ No \_\_\_

(Note: We cannot accept your complaint without a signature)

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

VNA at HCS  
Corporate Compliance Officer  
312 Marlboro Street  
P.O. Box 564  
Keene, NH 03431