

CAT ADA Complaint Form

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, including any related correspondence from CAT.

Mail your ADA Complaint form to:

Community Action Program
Belknap-Merrimack Counties, Inc.
Attn: Mobility Manager- CAT ADA Complaint
2 Industrial Park Drive
P.O. Box 1016
Concord, NH 03302-1016
Phone: 603.225.3295 (voice) or
TDD/TTY Relay; 1.800.735.2964

Commitment to Accessibility: CAT is committed to ensuring that information is available in appropriate alternative formats to meet the requirements of persons who have a disability. If you require an alternative version of information or need any assistance, please contact the Mobility Manager at 603.225.3295 (voice) or TDD/TTY Relay 1.800.735.2964.

1. I believe that I have been (or someone else has been) discriminated against on the basis of:

- Race/Color/National Origin
- Disability
- Other

2. Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Numbers: _____

Home: _____

Cell: _____

E-Mail Address: _____

3. Accessible format requirements:

Large Print Braille Not Applicable Other: _____

4. Are you filing this complaint on your own behalf?

Yes No

a. If not, please supply the name and relationship of the person for whom you are complaining:

b. Please explain why you have filed for a third party:

c. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:

Yes No

5. I hereby certify that all information contained in this form is true and accurate.

Date & Signature: _____

6. Complaint Details:

Lined writing area consisting of 21 horizontal lines.