



# Town of Goffstown

TOWN OFFICES  
16 MAIN STREET • GOFFSTOWN, NH 03045

## 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: \_\_\_\_\_