



NH Governor's Commission on Disability

Christopher T. Sununu, Governor

Paul Van Blarigan, Chair

Charles J. Saia, Executive Director

The Process for ADA Assistance

The Governor's Commission on Disability (GCD) was established to serve as a source of information to the public regarding all services to persons with a disability. The GCD does not provide individuals with legal advice. However, if you are in need of assistance regarding the Americans with Disabilities Act (ADA) and the rights protected thereunder, please feel free to contact us at the telephone number, mailing address or email address below. We encourage you to complete the attached Information Form to fully describe in writing the events which you would like to discuss. Although we welcome your calls, it may be easier for you to complete this form in advance so that we may address your inquiry in an expeditious and thorough manner. Kindly submit the Information Form to us via email or mail so that our staff may review the details and respond.

The GCD does not accept any information from anonymous individuals. You must completely fill out the Form with your name and the requested information. After reviewing the Form, the GCD may call you for further information. Filing a false form may result in a referral to the New Hampshire Attorney General's office or other entity for review and possible legal action.

Email: disability@gcd.nh.gov

1-800-852-3405 (Toll free in **NH**)

Or

603 271-2773



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INFORMATION FORM (Page 1 of 2)

Please type or print neatly. Answer all questions as completely as possible. Attach copies of all relevant documents to your Information Form.

*Required Information

*Name _____

*Mailing Address: _____

Apt. _____ City/Town _____

* Telephone: Cell _____ Home _____

Work _____ Best time to call _____

Email _____

* Date the incident occurred: _____

* Name of the business, individual etc. that may have overlooked the ADA.

*Have you contacted the business, individual etc.? Yes No

May we contact the business or individual? Yes No

*Have you contacted any other agency? Yes No

If so, please provide the agency name and address.

* Have you hired a lawyer? Yes No

If so, please provide the lawyer's name and address.



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Please provide a brief description. Include the issues which you have experienced and what you think is a fair solution. Attach additional pages if necessary. We may contact you if more information is needed.

Please read before signing below:

In filing this Information Form, I understand that the Governors Commission on Disability (GCD) is not my private attorney but is a resource for referrals. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this Form being forwarded to the business or individual, who is the subject of my inquiry.

The above information is true and accurate to the best of my knowledge.

Date

Signature _____

Printing your name here signifies your signature.