



**PRINT OR TYPE
STEP 1**

COMPLAINT FORM

COMPLAINANT INFORMATION

1. NAME:

2. ADDRESS:

ADDRESS (CONTINUED):

3. CITY/STATE/ZIP:

4. HOME PHONE NUMBER:

5. WORK PHONE NUMBER:

6. EMAIL ADDRESS:

STEP 2

PARTY AGAINST WHOM COMPLAINT IS ALLEGED

7. NAME:

8. ADDRESS:

ADDRESS (CONTINUED):

9. CITY/STATE/ZIP:

10. TELEPHONE NUMBER:

STEP 3

11. CONCISE STATEMENT CONCERNING THE ALLEGED VIOLATION INCLUDING CITATION OF APPLICABLE SECTION OF RSA 77-G AND/OR REV 3200:

12. STATEMENT OF FACTS: Please explain the basis for your complaint. (Use additional sheets if necessary) Attach any and all documentation to support the complaint.

13. NAMES AND PHONE NUMBERS OF WITNESSES:

STEP 4

Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete.

 COMPLAINANT'S SIGNATURE (IN INK)

 DATE

 PRINT SIGNATORY NAME & TITLE

MAIL TO: NH DRA
 EDUCATION TAX CREDIT
 PO BOX 457
 CONCORD NH 03302-0457



COMPLAINT FORM INSTRUCTIONS

<p>WHO MUST FILE? Anyone who alleges a violation of RSA 77-G and Rev 3200 should file an Education Tax Credit Complaint Form (Form ED-06).</p> <p>WHEN TO FILE? Form ED-06 should be sent as soon as a violation of RSA 77-G has occurred or is known to have occurred.</p> <p>WHERE TO FILE? Form ED-06 may be mailed to:</p> <p>NH DRA Education Tax Credit PO Box 457 Concord, NH 03302-0457</p> <p>Or may be hand-delivered to the Department of Revenue Administration during business hours (Monday through Friday, 8:00 a.m. to 4:30 p.m.) at:</p> <p>Governor Hugh J. Gallen Office Park South 109 Pleasant Street Medical and Surgical Building Concord, NH 03301</p> <p>NEED HELP? Call the Department at (603) 230-5920, Monday through Friday, 8:00am to 4:30pm. For more information visit us on the web at: www.revenue.nh.gov. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.</p> <p>LINE-BY-LINE INSTRUCTIONS</p> <p>STEP 1</p> <p>LINE 1 Enter the complainant's name.</p> <p>LINE 2 Enter the complainant's street address.</p> <p>LINE 3 Enter the complainant's city, state and zip code.</p> <p>LINE 4 Enter the complainant's home telephone number.</p> <p>LINE 5 Enter the complainant's work telephone number.</p> <p>LINE 6 Enter the complainant's email address.</p>	<p>LINE-BY-LINE INSTRUCTIONS CONTINUED</p> <p>STEP 2</p> <p>LINE 7 Enter the name of the party against whom the complaint is alleged.</p> <p>LINE 8 Enter the street address of the party against whom the complaint is alleged.</p> <p>LINE 9 Enter the city, state, and zip code of the party against whom the complaint is alleged.</p> <p>LINE 10 Enter the telephone number of the party against whom the complaint is alleged.</p> <p>STEP 3</p> <p>LINE 11 Provide a summary statement about the alleged violation including citation of applicable section of RSA 77-G and/or Rev 3200.</p> <p>LINE 12 Provide all the details about the alleged violation and why you believe the action or inaction violated RSA 77-G and/or Rev 3200.</p> <p>LINE 13 If you know of anyone who also witnessed the alleged violation, provide their names and phone numbers.</p> <p>STEP 4</p> <p>The complaint must be dated and signed in ink by the complainant per RSA 77-G:6. In addition, print the name and title of the complainant signing the application.</p>
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