



**PRINT OR TYPE  
STEP 1**

**COMPLAINT FORM**

1.	<b>COMPLAINANT INFORMATION</b> NAME:
2.	ADDRESS:
	ADDRESS (CONTINUED):
3.	CITY/STATE/ZIP:

4.	HOME PHONE NUMBER:
5.	WORK PHONE NUMBER:
6.	EMAIL ADDRESS:

**STEP 2**

7.	<b>PARTY AGAINST WHOM COMPLAINT IS ALLEGED</b> NAME:
8.	ADDRESS:
	ADDRESS (CONTINUED):
9.	CITY/STATE/ZIP:

10.	TELEPHONE NUMBER:
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**STEP 3**

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

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 \_\_\_\_\_

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
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**COMPLAINT FORM INSTRUCTIONS**

<p><b>WHO MUST FILE?</b>          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><b>WHEN TO FILE?</b>          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><b>WHERE TO FILE?</b>          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><b>NEED HELP?</b>          Call the Department at (603) 230-5920, Monday through Friday, 8:00am to 4:30pm. For more information visit us on the web at: <a href="http://www.revenue.nh.gov">www.revenue.nh.gov</a>. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.</p> <p><b>LINE-BY-LINE INSTRUCTIONS</b></p> <p><b>STEP 1</b></p> <p><b>LINE 1</b>          Enter the complainant's name.</p> <p><b>LINE 2</b>          Enter the complainant's street address.</p> <p><b>LINE 3</b>          Enter the complainant's city, state and zip code.</p> <p><b>LINE 4</b>          Enter the complainant's home telephone number.</p> <p><b>LINE 5</b>          Enter the complainant's work telephone number.</p> <p><b>LINE 6</b>          Enter the complainant's email address.</p>	<p><b>LINE-BY-LINE INSTRUCTIONS CONTINUED</b></p> <p><b>STEP 2</b></p> <p><b>LINE 7</b>          Enter the name of the party against whom the complaint is alleged.</p> <p><b>LINE 8</b>          Enter the street address of the party against whom the complaint is alleged.</p> <p><b>LINE 9</b>          Enter the city, state, and zip code of the party against whom the complaint is alleged.</p> <p><b>LINE 10</b>          Enter the telephone number of the party against whom the complaint is alleged.</p> <p><b>STEP 3</b></p> <p><b>LINE 11</b>          Provide a summary statement about the alleged violation including citation of applicable section of RSA 77-G and/or Rev 3200.</p> <p><b>LINE 12</b>          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><b>LINE 13</b>          If you know of anyone who also witnessed the alleged violation, provide their names and phone numbers.</p> <p><b>STEP 4</b></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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