## Complaint Form

**STEP 1**

<table>
<thead>
<tr>
<th>1.</th>
<th>COMPLAINANT INFORMATION</th>
<th>4.</th>
<th>HOME PHONE NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>ADDRESS:</td>
<td>5.</td>
<td>WORK PHONE NUMBER:</td>
</tr>
<tr>
<td>3.</td>
<td>ADDRESS (CONTINUED):</td>
<td>6.</td>
<td>EMAIL ADDRESS:</td>
</tr>
<tr>
<td></td>
<td>CITY/STATE/ZIP:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STEP 2**

<table>
<thead>
<tr>
<th>7.</th>
<th>PARTY AGAINST WHOM COMPLAINT IS ALLEGED</th>
<th>10.</th>
<th>TELEPHONE NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>NAME:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ADDRESS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ADDRESS (CONTINUED):</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CITY/STATE/ZIP:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

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13. NAMES AND PHONE NUMBERS OF WITNESSES:

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**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

ED-06
Version 1.2/7/2018
# COMPLAINT FORM INSTRUCTIONS

## 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).

## 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.

## WHERE TO FILE?
Form ED-06 may be mailed to:

NH DRA
Education Tax Credit
PO Box 457
Concord, NH 03302-0457

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:

Governor Hugh J. Gallen Office Park South
109 Pleasant Street
Medical and Surgical Building
Concord, NH 03301

## 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.

## LINE-BY-LINE INSTRUCTIONS

### STEP 1

**LINE 1**
Enter the complainant's name.

**LINE 2**
Enter the complainant's street address.

**LINE 3**
Enter the complainant's city, state and zip code.

**LINE 4**
Enter the complainant's home telephone number.

**LINE 5**
Enter the complainant's work telephone number.

**LINE 6**
Enter the complainant's email address.

### LINE-BY-LINE INSTRUCTIONS CONTINUED

### STEP 2

**LINE 7**
Enter the name of the party against whom the complaint is alleged.

**LINE 8**
Enter the street address of the party against whom the complaint is alleged.

**LINE 9**
Enter the city, state, and zip code of the party against whom the complaint is alleged.

**LINE 10**
Enter the telephone number of the party against whom the complaint is alleged.

### STEP 3

**LINE 11**
Provide a summary statement about the alleged violation including citation of applicable section of RSA 77-G and/or Rev 3200.

**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.

**LINE 13**
If you know of anyone who also witnessed the alleged violation, provide their names and phone numbers.

### STEP 4

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.