



**COMPLAINT FORM**

**PRINT OR TYPE  
 STEP 1**

**COMPLAINANT INFORMATION**

1. NAME:

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2. ADDRESS:

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ADDRESS (CONTINUED):

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3. CITY/STATE/ZIP:

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4. HOME PHONE NUMBER:

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5. WORK PHONE NUMBER:

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6. EMAIL ADDRESS:

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**STEP 2**

**PARTY AGAINST WHOM COMPLAINT IS ALLEGED**

7. NAME:

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8. ADDRESS:

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ADDRESS (CONTINUED):

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9. CITY/STATE/ZIP:

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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.

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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



**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](http://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.