



**AMERICANS WITH DISABILITIES ACT
Complaint Form**

Please use this form to file a complaint based on disability in the provision of services, activities, programs, or benefits.

Please submit this form to the ADA Coordinator, Office of Human Capital, DASNY, 515 Broadway, Albany, NY 12207; you may find contact information for DASNY's ADA Coordinator at www.DASNY.org.

COMPLAINANT INFORMATION

Name:

Home Phone:

Home Address:

Email:

1. Your claim is made against:

Public Authority:

Name:

Title:

Address:

Phone:

2. Location(s) and date(s) of the circumstances giving rise to your complaint:

Are the circumstances of your complaint continuing?

Yes No

