



Procedures for Implementing Reasonable Accommodation in Programs and Services for Individuals with Disabilities

Appendix C:

**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 Department of Public Service ADA Coordinator, Michele Newkirk. Your complaint can be sent to Ms. Newkirk at: Department of Public Service, 3 Empire State Plaza, Albany, NY 12223. Ms. Newkirk may be reached at (518) 486-2435.

COMPLAINANT INFORMATION

Name:

Home Phone:

Home Address:

Email:

1. Your claim is made against:

State Agency:

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

