

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, Kim Hettinger, Governor's Office of Storm Recovery; you may find contact information for the ADA Coordinator at GOSR's Reasonable Accommodation page: <https://stormrecovery.ny.gov/reasonable-accommodation> or email reasonableaccommodation@stormrecovery.ny.gov.

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

B. Have you hired an attorney with respect to the allegations in the complaint?

Yes **No**

C. Have you instituted a legal suit or court action regarding this complaint?

Yes **No**

5. This complaint form was completed
by: ADA Coordinator Complainant

Yes **No**

SIGNATURE: _____