



## Americans With Disabilities Act Complaint Form

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

OGS Diversity and Equal Employment Opportunity Officer  
40th Floor, Corning Tower  
Empire State Plaza  
Albany, NY 12242

### 1. Complainant Information

Name	Email
Address	Phone

### 2. Complaint Circumstances

Complaint Location(s)	Complaint Date(s)	Are the circumstances of your complaint continuing? <input type="checkbox"/> Yes <input type="checkbox"/> No
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3. Please describe the alleged denial of services, activities, programs or benefits and your reason(s) for concluding that the conduct was discriminatory. Please include the name(s) of witnesses, if any, and attach supporting data, if available.  
Please attach additional pages if needed.

4. Have you filed a claim regarding this complaint with a federal, state or local government agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you hired an attorney with respect to the allegations in the complaint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you instituted a legal suit or court regarding this complaint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. This complaint form was completed by:  DEEO  Complainant