

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, **Kenneth Emhardt, New York State Department of State** at Kenneth.Emhardt@dos.ny.gov. You may also contact him at (518) 474-2752.

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

