

**New York State Office for the Prevention of Domestic Violence
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. Submit this form to the ADA Coordinator. You may contact the ADA Coordinator by calling (518) 457-8981 or at Sheryl.Kretzler@dcjs.ny.gov.

Complaint 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?

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.

4.

A. Have you filed a claim regarding this complaint with a federal, state or local government agency? If yes, what agency?

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

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

5. This complaint form was completed by:

SIGNATURE:

DATE: