

**AMERICANS WITH DISABILITIES ACT AND REHABILITATION 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, Dawn LaPointe, Office of Employee Relations; you may find contact information for Dawn LaPointe at the following: Office of Employee Relations, Personnel Office, 2 Empire State Plaza, 8th Floor, Albany, New York 12223 or Dawn.LaPointe@oer.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

