New York State Education Department
Office of Diversity and Access
Room 528, Education Building
Albany, NY 12234
OHRMRA@nysed.gov

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 send this form to the contact information listed above.

Complainant Information

Name **Email** **Phone**

Address

Program Area

Your claim is made against:

Name **Title** **Phone**

Address

Complaint Circumstances

Complaint Location(s) **Complaint Date(s)**

Are the circumstances of your complaint continuing? Yes No

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.

Have you filed a claim regarding this complaint with a federal, state or local government agency?	Yes	No
Have you hired an attorney with respect to the allegations in the complaint?	Yes	No
Have you instituted a legal suit or court regarding this complaint?	Yes	No
This complaint form was completed by:	Equal Opportunity Specialist	Complainant

Signature: Date: