



# Office for People With Developmental Disabilities

## AMERICANS WITH DISABILITIES ACT COMPLAINT (ADA) 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: Mail:** NYS OPWDD, Attn. ADA Coordinator, NYS OPWDD ADA Title II **Dana K. Scalere**, 44 Holland Avenue, Albany, NY 12229 **or Email:** [accessibility@opwdd.ny.gov](mailto:accessibility@opwdd.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

