



AFFIRMATIVE ACTION

6 EMPIRE STATE PLAZA • ALBANY, NY 12228

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, Lisa G. DiCocco at the NYS Department of Motor Vehicles; you may find contact information for Lisa G. DiCocco on form **PE-701** at <http://dmv.ny.gov/forms/pe701.pdf>.

COMPLAINANT INFORMATION

Name: _____ Home Phone: _____

Home Address: _____

Email: _____

1. Your claim is made against: _____

State Agency: _____

Name: _____

Title: _____ | Phone: _____

Address: _____

2. Location(s) and date(s) of the circumstances giving rise to your complaint:

Are the circumstances of your complaint continuing?

Yes No

