



OFFICE OF DIVERSITY & INCLUSION

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, Emily LoBello, at the NYS Department of Motor Vehicles; you may find contact information for Emily LoBello 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

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?

Yes No

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

Yes No

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

Yes No

5. This complaint form was completed by:

ADA Coordinator Complainant

SIGNATURE: _____ DATE: _____