EMILY KOBELLO
Designee for Reasonable Accommodation (DRA)

TIKKI LEE
ADA Coordinator

NEW YORK STATE | Department of Motor Vehicles

OFFICE OF DIVERSITY, EQUITY & 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, Tikki Lee, at the NYS Department of Motor Vehicles; you may find contact information for Tikki Lee 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

Name:

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: _____

Reset/Clear