

**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, Mark Worden, Department of Civil Service; you may find contact information for Mark Worden at the following: Department of Civil Service, Office of Counsel, Agency Building One, 19th Floor, Albany, New York 12239 or Mark.Worden@cs.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

