

**Appendix C:**  
**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, Office Of Human Resources, New York State Police; you may find contact information for the T/Lieutenant ADA Coordinator at [www.troopers.ny.gov](http://www.troopers.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

