



City of Troy, New York **Americans with Disabilities Act** **Complaint Form**

Use this form to file a complaint based on disability in accordance with requirements under the Americans with Disabilities Act (ADA).

Please complete all parts of this form. Sign, date and return to the City of Troy's ADA Coordinator John Salka at john.salka@troyny.gov or via mail at the below address:

**City Hall
433 River Street, Suite 5001
Troy, NY 12180
Attn: ADA Coordinator**

1. Complainant Information

First Name:

Last Name:

Street Address:

City:

State:

ZIP Code:

Telephone (Home):

Telephone (Work):

Email:

Individual Filing Complaint: *(Complete only if the complaint is being filed by a person other than the individual discriminated against):*

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 the conduct was discriminatory. Please include name(s) of witnesses, if any, and attach supporting documents or data, if available.

4. Have you filed a claim regarding this complaint with a federal, state or local government agency?

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

6. Have you commenced a legal suite or court action regarding this complaint?

7. This complaint form was completed by:

ADA Coordinator Complainant

Print Name:

Signature:

Date: _____