

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 by mail to ADA Coordinator and Director of Human Resources, Kate Yarhouse, Hudson River Park Trust, 353 West Street, 2nd Floor, New York, NY 10014, or by email to accessibility@hrpt.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

