

Hudson River Park Trust 353 West Street Pier 40, 2nd Floor New York, NY 10014 P 212.627.2020 F 212.627.9224

hudsonriverpark.org

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 the Director of Human Resources, Hudson River Park Trust, 353 West Street, 2nd Floor, New York, New York 10014, or by email to accessibility@hrpt.ny.gov.

COMPLAINANT INFORMATION

Name: Phone: Home Address:		Home 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?	

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 go agency?	vernment	
B. Have you hired an attorney with respect to the allegations in the complaint?		
C. Have you instituted a legal suit or court action regarding this complaint?		
5. This complaint was completed by:		
SIGNATURE: DATE:	-	