



## ADA COMPLAINT FORM

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Basis of Complaint: (place checkmark)

Race

Color

Sex

National Origin

Age

Disability

Type of Complaint (place checkmark)

Program

Service

Benefit

Activity

Who allegedly discriminated against you?

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

If an organization what is its name?

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Name of Contact \_\_\_\_\_

How were you discriminated against?

**Dates and Times of the discrimination that occurred.**

**Were there any other witnesses to the discrimination?**

Name	Title	Work Phone	Home Phone
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**Have you filed your complaint with anyone else?**

Who \_\_\_\_\_

When \_\_\_\_\_

**Do you have an Attorney in this matter?**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

When did you acquire \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:** Colonie Senior Service Centers, Inc.  
Attn: Carol Ripley – Title VI and ADA Coordinator  
6 Winners Circle  
Colonie, NY 12205  
Phone: 518-459-2857 x310  
Fax: 518-459-2062  
Email: [cripley@colonieseniors.org](mailto:cripley@colonieseniors.org)