BLAKE LIVINGSTON
Designee for Reasonable
Accommodation (DRA)
ADA Coordinator



OFFICE OF DIVERSITY, EQUITY & INCLUSION

6 EMPIRE STATE PLAZA • ALBANY, NY 12228

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, Blake Livingston, at the NYS Department of Motor Vehicles; you may find contact information for Blake Livingston on form **PE-701** at http://dmv.ny.gov/forms/pe701.pdf.

Name	ne:	Home Phone:
Home	ne Address:	
Email	il:	
	Your claim is made against:	
	State Agency:	
	Name:	
	Title:	Phone:
	Address:	'
2.	Location(s) and date(s) of the circumstances giving rise to	your complaint:

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	Please describe the alleged denial of services, activities, programs or benefits and your reason(s) for conclude that the conduct was discriminatory. Please include the name(s) of witnesses, if any, and attach supporting defavailable.	
4.	A. Have you filed a claim regarding this complaint with a federal, state, or local government agency? Yes □ No	
	B. Have you hired an attorney with respect to the allegations in the complaint? Yes No	
	 C. Have you instituted a legal suit or court action regarding this complaint? ☐ Yes ☐ No 	
5.	This complaint form was completed by: ☐ ADA Coordinator ☐ Complainant	
SIC	NATURE:DATE:	

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