



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>.

COMPLAINANT INFORMATION

Name: _____ Home Phone: _____

Home Address: _____

Email: _____

1. 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:

Are the circumstances of your complaint continuing?

☐ Yes ☐ No

Name:

- [illegible]

SIGNATURE: _____ DATE: _____