



ANDREW M. CUOMO
Governor

RICHARD A. BALL
Commissioner

**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, Mark Lansing at The New York State Department of Agriculture and Markets, 10B Airline Drive, Albany, NY, 12235, or at mark.lansing@agriculture.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

