



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 Battery Park City Authority's ADA Coordinator at alexis.torrescid@bpca.ny.gov.

| PERSONAL INFORMATION: | |
|--|---------------|
| Name: | Phone: |
| Address: | Email: |
| 1. Location(s) and date(s) of the circumstances giving rise to your complaint: | |
| | |
| A) Are the circumstances of your complaint continuing? | |
| <input type="checkbox"/> Yes | |
| <input type="checkbox"/> No | |
| 2. 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. | |
| | |
| 3. | |
| A) Have you filed a claim regarding this complaint with a federal, state, or local government agency? | |
| <input type="checkbox"/> Yes | |
| <input type="checkbox"/> No | |
| B) Have you hired an attorney with respect to allegations in the complaint? | |
| <input type="checkbox"/> Yes | |
| <input type="checkbox"/> No | |
| C) Have you instituted a legal suit or court action regarding this complaint? | |
| <input type="checkbox"/> Yes | |
| <input type="checkbox"/> No | |
| 4. This complaint form was completed by: | |
| <input type="checkbox"/> ADA Coordinator | |
| <input type="checkbox"/> Complainant | |
| Signature: | Date: |
| | |