

## 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, Lisa Fitzmaurice, New York State Gaming Commission; you may find contact information for Lisa Fitzmaurice at [https://www.gaming.ny.gov/language\\_accessibility.php](https://www.gaming.ny.gov/language_accessibility.php).

### **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

