



STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE & MARKETS
10B Airline Drive, Albany, New York, 12235

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 Vanderpoel at The New York State Department of Agriculture and Markets, 10B Airline Drive, Albany, NY, 12235, or at mark.vanderpoel@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

