

DISCRIMINATION COMPLAINT FORM
 PERTAINING TO CLASSES PROTECTED BY THE AMERICANS WITH DISABILITIES ACT
 On the Basis of Disability

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Email Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered yes to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
[] Disability				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed please use the back of this form.				

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Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:
Section VI
Name of agency complaint is against:
Contact Person:
Title:
Telephone:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

Signature _____ Date _____

Please submit this form in person at the address below, or mail this form to:

Vincent Tamagna
Putnam County Department of Planning, Development & Public Transportation
841 Fair Street
Carmel, NY 10512
Email: vincent.tamagna@putnamcountyny.gov
Fax: (845) 808-1948