The Glen at Hiland Meadows ADA Complaint Form

Section I:					
Your Name:					
Address:					
Telephone (Home):		Telephone (Work/Mobile):			
Email Address:		1			
Accessible Format	Large Print		Audio Tape		
Requirements?	TDD	ш.	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 have filed for a third party:					
Please confirm that you have obtained the permission aggrieved party if you are filing on behalf of a third pa			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):					
Agency name complaint is against:					
Location of where the alleged discrimination occurred:					
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 of 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 attach additional pages.					
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Section IV				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?				
☐ Yes ☐ No				
If yes, check all that apply:				
☐ Federal Agency:				
☐ Federal Court:	State Agency:			
☐ State Court:	☐ Local Agency:			
Provide information for the contact person at t	he agency/court where the complaint was filed.			
Name and Title:				
Agency:				
Address:				
Telephone:				
You may attach any written materials or othe complaint. Signature and date required below.	er information that you think is relevant to your			
Signature	Date			

Please submit this form by mail, email or in person to the address below.

The Glen at Hiland Meadows

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This complaint may also be filed directly with the New York State Department of Transportation, Office of Civil Rights, 50 Wolf Road, 6th Floor, Albany, NY 12232, (518) 457-1129 Fax (518) 549-1273, OCR-TitleVI@dot.ny.gov or the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.