

**NEW YORK POWER AUTHORITY
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, NYPA, 123 Main Street, White Plains, NY 10601, Attention: Nancy Harvey; you may find contact information for NYPA's ADA Coordinator at NYPA.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

