



Eddy SeniorCare

ST PETER'S HEALTH PARTNERS

Americans with Disabilities Act Complaint Form

Accommodations are made to serve persons with disabilities in compliance with the Americans with Disabilities Act (ADA) and Section 504. Section 504 of the Rehabilitation Act of 1973 (Section 504), Titles II and III of the Americans with Disabilities Act of 1990 (ADA) and related Federal and State Laws and Regulations provide that no entity shall discriminate against and individual with a disability in connection with the provision of transportation service.

Name _____

Address _____

City _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Who allegedly discriminated against you?

Name _____

Address _____ City _____ Zip _____

Telephone _____

If an organization what is its name?

Name of Organization _____

Address _____

City _____ Zip _____

Telephone _____

Name of Contact _____

How were you discriminated against?

Dates and times discrimination occurred?

Were there any other witnesses to the discrimination?

Name _____

Title _____

Work _____

Phone _____

Home Phone _____

Have you filed your complaint with anyone else?

Who _____ When _____

Do you have an Attorney in this matter?

Name _____

Address _____

City _____ Zip _____ When did you acquire _____

Signed _____ Date _____

Mail to: ADA Coordinator at Eddy SeniorCare: Michael Flaherty, Executive Director Eddy
SeniorCare 1938 Curry Road Schenectady, NY 12303 Office: 518-382-3290